

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

97 OCT 30 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000959

1. Corporation Name

GHANA NEUROLOGICAL FOUNDATION, INC.

Principal Place of Business

3104 WEST WATERS AVE.  
SUITE 103  
TAMPA FL 33614

Mailing Address

3104 WEST WATERS AVE.  
SUITE 103  
TAMPA FL 33614



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/1992

Suite, Apt. #, etc.

2916 W. Waters Ave  
Suite A2 Tampa FL

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3162106

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	NYAKO, RICHARD A	3104 W WATERS AVE SUITE 206	TAMPA FL
D	WIAREK, BARBARA	8507 NORTH BRANCH AVE.	TAMPA FL 33604
D	GLOVER, KOFI	15003 MORNING DRIVE	LUTZ FL 33549
D	YEOH, HOCK	1156 SOUTH EAST AVE.	OAK PARK IL
D	APPIA-NYAKO, MAXWELL	P.O. BOX 107	GHANA, WEST AFRICA
D	HOLBROOKS, TONY	14535 BRUCE B DOWN BLVD., #2002	TAMPA FL 33613

8. Name and Address of Current Registered Agent

ANDERSON, WALLACE B JR.  
BARNETT PLAZA, SUITE 1240  
101 E. KENNEDY BLVD.  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name Wallace B. Anderson Jr, Esq.  
Street Address (P.O. Box Number is Not Acceptable) One Harbour Place  
Suite, Apt. #, Etc Carlton - Fields  
City Tampa State FL Zip Code 33601

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/27/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

900002336799-9  
-11/03/97-01156-003  
\*\*\*\* On Intangible tax. \*\*\*\*

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(R.A. NYAKO) 10/27/97

(813) 935-2129

CR2E040 (8/97)