

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 26 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000959

1. Corporation Name

GHANA NEUROLOGICAL
FOUNDATION, INC.

2. Principal Office Address

1909 E. BROAD ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

Zip

33610

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/992

5. FEI Number

59-3162706

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-09

7. Name and Address of Current Registered Agent

Name

DR. RICHARD A. NYAKO M.D., PH.D.

Street Address (P.O. Box Number is Not Acceptable)

1909 E. BROAD ST

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33610

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Richard A. Nyako

Date

8-12-04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
COB (CHAIRMAN OF THE BOARD)	RICHARD A. NYAKO	1909 E. BROAD ST	TAMPA, FL. 33610
CEO	GEORGE W. ABATSO	2526 CONCORDANT TRAIL	DALLAS, TX 75237
BOARD MEMBER	YVONNE R. ABATSO	2526 CONCORDANT TRAIL	DALLAS, TX 75237
BOARD MEMBER	JOSE ANGEL DIAZ MBA	1605 Cherbourg Dr.	Plano, TX 75075
SEC.	BARBARA WIAREK	8507 N. BRANCH ST.	TAMPA, FL. 33604
BOARD MEMBER	ROBERT CLARKE	205 W. BUSCH BLVD	TAMPA, FL. 33612

10. 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:

Richard A. Nyako

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-04 (F13)23F.3991

Date

Daytime Phone #

CR2E081 (01/04)