

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Martha
 Secretary of State
 DIVISION OF CORPORATIONS

N93000003525

FILED

98 DEC 24 PM 2: 13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003525**
 1. Corporation Name
NIGERIAN ISLAMIC SOCIETY, INC.

Principal Place of Business Mailing Address
2410 NW 93 Street 2410 NW 93rd
MIAMI, FL. 33147 MIAMI FL. 33147

200002724612--1
 -12/29/98--01034--004
 200002724612
 -12/29/98--01034--003
 *****61.25 *****61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.
 2. New Principal Office Address, If Applicable **2410 N.W. 93 STREET**
 Suite, Apt. #, etc.
 3. New Mailing Office Address, If Applicable **2410 N.W. 93 STREET**
 Suite, Apt. #, etc.
 City & State **MIAMI, FLORIDA** City & State **MIAMI FLORIDA**
 Zip **33147** Country **USA** Zip **33147** Country **U.S.**

4. Date Incorporated or Qualified To Do Business in Florida **08/02/1993**
 5. FEI Number **65-0446430** 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
President	AYODELE, GBOLAGUNSE	1082 N.E. 176 TERR. N. MIAMI Bch. FL. 33162	N. MIAMI BEACH FL. 33162
Secretary	SALVADOR, QUADRI A.	20100 NW 36 CT.	MIAMI, FL. 33055
Trustee	SALVADOR, RASAQ	4221 S.W. 21 st STR.	HOLLYWOOD, FL. 33023
Trustee	ETTI, FATAI	19897 NW 62 nd Ave	MIAMI, FL. 33015
Trustee	ABRAHIM, LATEEF	650 LIVES DIARY RD. #3123	N. MIAMI Bch. FL. 33179
Trustee	OLADUNMI, DELE	1120 N.W. 78 th Terr.	PLANTATION, FL. 33322

8. Name and Address of Current Registered Agent
ETTI, FATAI B.
19897 NW 62nd Ave
MIAMI FL. 33015

9. Name and Address of New Registered Agent
 Name **ETTI, FATAI B.**
 Street Address (P.O. Box Number is Not Acceptable) **19897 NW 62nd Avenue**
 Suite, Apt. #, Etc.
 City **MIAMI** State **FL** Zip Code **33015**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent on 407.0605, F.S.
 Signature of Registered Agent **Fatai Etti** Date **12/17/98**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No **VS DEC 29 1998** (See other side for information 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: **GBOLA AYODELE** **12/17/98** (954) 450-5686
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)