

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004245**

1. Corporation Name
GHANAIAN ASSOCIATION OF SOUTH FLORIDA, INC

2. Principal Office Address
4341 NW 19TH ST.
Suite, Apt. #, etc.
APT 8
City & State
LAUDERHILL, FL
Zip
33313 Country
USA

3. Mailing Office Address
P.O. Box 667727
Suite, Apt. #, etc.
City & State
POMPANO, FL
Zip
33066 Country
USA

FILED
Apr 23, 2003 8:00 A
Secretary of State

500020513803
06/04/03--01053--003 **132.50

4. Date Incorporated or Qualified To Do Business in Florida **9/17/1993**

5. FEI Number **650438024** Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

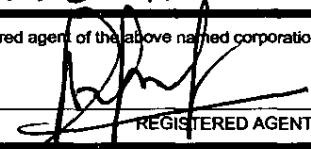
Name **GILBERT KUBAYANDA**

Street Address (P.O. Box Number is Not Acceptable)
4341 NW 19TH ST.

Suite, Apt. #, Etc. **APT #8**

City **LAUDERHILL** State **FL** Zip Code **33313**

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.

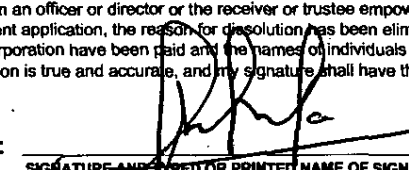
Signature of Registered Agent  Date **4/9/03**

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
P/D	GILBERT KUBAYANDA	4341 NW 19TH ST #8 LAUDERHILL, FL 33313	LAUDERHILL, FL 33313
S/D	JOAN FIGUEROA	20515 W-CAROUSEL CIR	WEST BOCA, FL 33434
T/D	JOSEPH COOMSON	16431 NW 17 CT.	OPA LOCKA, FL 33054

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:  Date **4/9/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

May 17, 2003

FEE ABATEMENT REQUEST

Dear Sir/Madam,

Please find enclosed our reinstatement form and a check in the amount of \$132.50.

Please note that our administrative dissolution for annual report was due to our inability to receive mail during the year 2002.

A fee abatement would be most appreciated.

Please call me at (954) 261-5341 if you have any questions.


GILBERT KUBAYANDA
President, GAS.F