PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

**CORPORATION** [redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

500025135603
06/04/03--01053--003 **132.50

DOCUMENT # N93000004245

1. Corporation Name

GHANAIAN ASSOCIATION OF SOUTH FLORIDA, INC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 4341 NW 19TH ST. | P.O. BOX 667727 |
| Suite, Apt. #, etc. APT 8 | Suite, Apt. #, etc. |
| City & State LAUDERHILL, FL | City & State POMPANO, FL |
| Zip 33313 Country USA | Zip 33066 Country USA |

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

02-03 ,15

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

CR2E081 (10/02)

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.

4/9/03

**SIGNATURE:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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