PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 17 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005438

1. Corporation Name

EDUCATIONAL OPPORTUNITIES FOR NIGERIA, INC.

Principal Place of Business	Mailing Address
3712 N.W. 84TH DRIVE GAINESVILLE FL 32606	~~3712 NW 84TH DRIVE~~ ~~GAINESVILLE FL 32606~~

REINSTATEMENT 99-(8)

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
	PO BOX 90415
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: GAINESVILLE, FL
Zip / Country	Zip: 32607 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/23/1993

5. FEI Number: 59-3211603 ~~NOT APPLICABLE~~ ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	FALADE, CHRISTOPHER O.	3712 NW 84TH DR	GAINESVILLE FL 32606 (ADD ZIP)
~~SD~~	~~KNIGHT, LYNDA~~	~~4820 NW 16TH PL~~	~~GAINESVILLE FL~~ RESIGNED 4/28/99
~~T~~	~~ALEXANDER, WILLIAM~~	~~1905 NW 36TH TERR~~	~~GAINESVILLE FL~~ RESIGNED 4/28/99
STD	STENSGAARD, WILLIAM H.	1719 NW 23RD AVE, #1-B	GAINESVILLE, FL 32605
D	FALADE, CHRISTIANAH I.	3712 NW 84TH DR	GAINESVILLE, FL 32606
			900003222733--0 -04/25/00--01045--003 ****297.50 ~~****236.25~~

8. Name and Address of Current Registered Agent

FALADE, CHRISTOPHER O
3712 N.W. 84TH DRIVE
GAINESVILLE FL 32606

9. Name and Address of New Registered Agent **297.50

Name: WILLIAM H. STENSGAARD
Street Address (P.O. Box Number is Not Acceptable): 1719 NW 23RD AVE,
Suite, Apt. #, Etc.: #1-B
City: GAINESVILLE | State: FL | Zip Code: 32605

CR2E040 (8/99)

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: William H. Stensgaard SIGNATURE REQUIRED Date: 11/30/99
REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: William H. Stensgaard SIGNATURE REQUIRED WILLIAM H. STENSGAARD SECRETARY — 11/30/99 — (352) 376-2771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000474 AE