PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP 23 AM 8:36

DOCUMENT # N93000005438

1. Corporation Name

EDUCATION OPPORTUNITIES FOR NIGERIA INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
3712 NW 84 DR	3712 NW 84 DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE FL	City & State: GAINESVILLE FL
Zip: 32606 Country: USA	Zip: 32606 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/23/93

5. FEI Number: 59-3211603 ☐ 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: STENSGAARD WILLIAM H

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

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: William H Stensgaard Date: 9/5/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	FALADE CHRISTOPHER O	3712 NW 84 DR	GAINESVILLE FL 32606
STD	STENSGAARD, WILLIAM H	1719 NW 23RD AVE #1-B	GAINESVILLE FL 32605
D	FALADE CHRISTIANAH	3712 NW 84TH DR	GAINESVILLE, FL 32606

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09/23/04--01043--011 **297.50

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: CHRISTOPHER O. FALADE ; 9/5/2004 ; 352-955-6317

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