

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 SEP -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000129

1. Corporation Name
ANIOMA ASSOCIATION USA,
INC. - SOUTH FLORIDA CHAPTER

Principal Place of Business Mailing Address
C/O DR. OSADEBE ANAM
P.O. BOX 171621
MIAMI LAKES, FL 33017

2. New Principal Office Address, If Applicable
P.O. BOX 171621
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. BOX 171621
Suite, Apt. #, etc.
City & State MIAMI LAKES, FL
Zip 33017 Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 2/19/97

5. FEI Number 65-0737686
Applied For Not Applicable

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. Officers	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
P.D.	OSADEBE ANAM	19060 NW 57 AVE #306	MIA LAKES, FL 33015
V.D.	TONY CHINYE	1395 NW 167 STR #101	MIAMI, FL 33169
S.D.	JULIUS ALIGBE	7035 NW 186 STR. #510	MIA. LAKES, FL 33015
D	ISAAC CHINYE	13242 SW 54 CT	MIRAMAR, FL 33027
D	CHRIS IKEAKANAM	7151 MCCLELLAN STR.	HOLLYWOOD FL 33024
T.D.	ERNEST CHINYE	935 NE 199 STR. #206	N. MIA. BCH. FL 33174

8. Name and Address of Current Registered Agent
TONY CHINYE
1031 IVES DAIRY RD.
SUITE 127
N. MIAMI BCH, FL 33174

9. Name and Address of New Registered Agent
TONY CHINYE
Street Address (P.O. Box Number is Not Acceptable)
1395 NW 167 STR, #101
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33169

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
REGISTERED AGENT MUST SIGN

Date 7/12/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(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: (PRESIDENT) 7/19/99 (305) 439-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

KE