

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

JUN 14 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001833

1. Corporation Name

UMUNNA COMMUNITY ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

3136 ATWATER DR
ORLANDO FL 32825

Mailing Address

3136 ATWATER DR
ORLANDO FL 32825

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

98-99

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/1997

5. FEI Number

59-3457726

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	OBI ENEMCHUKWU	91 Geneva Drive	Oviedo FL 32765
S	FORSTER OKAFOR	3136 Atwater Drive	Orlando FL 32825
F	OSCAR MBIONWU	3020 Hartland Ct	Orlando FL 32825
D	NAPOLEON ONYECHE	6415 Abbeydale Ct	Orlando FL 32818
D	OKECHUKWU EMEJURU	1160 St Augustine Rd	Daytona Bch FL 32114
D	CHARLES ANARADO	3136 Atwater Drive	Orlando FL 32825

8. Name and Address of Current Registered Agent

ENEMCHUKWU, OBI
95 GENEVA DR
OVIEDO FL 32765

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

800002908178-5

-06/17/99-01096-007

****297.50

State

FL

****297.50

Zip Code

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

OBI ENEMCHUKWU

REGISTERED AGENT MUST SIGN

Date 11-28-98

11. This corporation owes or has paid 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:

OBI ENEMCHUKWU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-28-98 407 366-2677

CR20040 (9/98)