

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -6 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001833

1. Corporation Name

UMUNNA COMMUNITY ASSOCIATION OF FLORIDA, INC.

2. Principal Office Address

3136 ATWATER DRIVE

3. Mailing Office Address

3136 ATWATER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32825

Country

Zip

32825

Country

**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. Name and Address of Current Registered Agent

Name

FORSTER OKAFOR

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

3136 ATWATER DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825-7115

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date

04/11/2002

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
C/D	DON UDE	10539 BRUUN PLACE	ORLANDO, FL 32825
P/D	NAPOLÉON ONYECHI	6415 ABEYDALE COURT	ORLANDO, FL 32818
S/D	CHARLES ANARADO	912 SEMORAN PARK DRIVE	WINTER PARK, FL 32792
S/D	LAWRENCE NNONYELU	2727 U.K. CIRCLE	WINTER PARK, FL 32792
T/D	CHEKWAS UKAZIM	2047 COBBLEFIELD CIRCLE	APOPKA, FL 32703
D	SILVIA ESSIEN	1978 CRYSTAL DOWNS COURT	OVIEDO, FL 32765

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES ANARADO

Date

04-29-02

Daytime Phone #

407-681-2747

CR2ED081 (9/01)

UMUNNA COMMUNITY ASSOC. OF FLORIDA, INC. #N97000001833

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ATTACHMENT

ITEM #9

D CHIKA OKOLUE 13505 BLUE WATER CIRCLE ORLANDO, FL 32828