

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 DEC 17 AM 11:12

DOCUMENT # N97000001833

1. Corporation Name

UMUNNA COMMUNITY ASSOCIATION OF FLORIDA, INC.

P.O.BOX 680599

P.O.BOX 680599

2. Principal Office Address

P.O.BOX 680599

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32868

Country

USA

3. Mailing Office Address

P.O.BOX 680599

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32868

Country

USA

REINSTATEMENT

03-04

400043466454

12/16/04--01050--008 **297.50

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

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

Date

12/10/04

REGISTERED AGENT MUST SIGN

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
CB	ORIALA CHINO	7002 CHARINGMOOR COURT	ORLANDO, FL. 32818
PD	OKAFOR, FORSTER	3136 ATWATER DRIVE	ORLANDO, FL. 32825
D VP	MBIONWA, OSCAR NWEZE, FELICIA	3020 HARTLAND CT. 12754 ALEGUASTANE	ORLANDO FL 32825 ORLANDO, FL 32825
SD	UCHEGBU, MAURICE	6645 MERITMOOR CIRCLE	ORLANDO, FL. 32818
FS	UKAZIM, CHEKWAS	2047 COBBLE-FIELD CIRCLE	APOPKA, FL 32703
D FD	OFODILE, CLEMENT NNONYELU, LAWRENCE	6636 GUNNEL CT 7502 SAVANNAH GRAND Ave. #2203	ORLANDO FL 32809 WINTER PARK, FL 32792

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

Date

12-10-04, 407375-8838

Daytime Phone #

CR2E081 (01/04)