2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001906

FILED Feb 10, 2007 Secretary of State

Entity Name: NIGERIAN PHARMACISTS ASSOCIATION TAMPA BAY AREA, INC.

Current Principal Place of Business: New Principal Place of Business:

1612 W WATERS AVE 8615 VILLA LARGO SUITE 107 SUITE 107 TAMPA, FL 33604 TAMPA, FL 33604

Current Mailing Address: New Mailing Address:

P.O. BOX 261595 P.O. BOX 260036 TAMPA, FL 33685 TAMPA, FL 33685

FEI Number: 59-3440274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHOBOLA, KENNETH ADEMOYE, FEMI 1612 W WATERS AVE 8615 VILLA LARGO DR TAMPA, FL 33614 SUITE 107 TAMPA, FL 33604 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FEMI ADEMOYE 02/10/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MEKOWULU, EMMANUEL ADEMOYE, FEMI Name: Name: 10613 HATTERAS DRIVE Address: 8615 VILLA LARGO DR Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33614

Title: () Delete Title: (X) Change () Addition OGUNDIPE, KAYODE Name: NANAKUMO, VENAN Name:

Address: 18205 HOLLY HILLSWAY Address: 5017 OAKSHIRE DR City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33625

Title: () Delete Title: (X) Change () Addition FADARE, ABIOLA ELIOGU, PETER Name: Name:

11401 9TH ST NORTH #1804 10207 CYPRESS LINKS DR Address: Address:

City-St-Zip: ST PETERSBURG, FL 33716 City-St-Zip: TAMPA, FL 33647

() Delete Title: VΡ Title: (X) Change () Addition Name: OLUSSANYA, AKIM Name: EKECHI, MATTHEW

13154 ROYAL GEORGE AVE 29855 PRAIRIE FALCON DR Address: Address: City-St-Zip: TAMPA, FL 33556 City-St-Zip: WESLEY CHAPEL, FL 33544

Title: Title: () Delete () Change () Addition MKPARU, KATHERINE MS. Name: Name:

411 VENTURA DR Address: Address: City-St-Zip: OLDSMAR, FL 34677 City-St-Zip:

Title: () Delete Title: (X) Change () Addition ALLI, LEKE INYANG, INI Name: Name:

Address: 5022 DEVON PARK DR Address: 17332 GARDEN HEATH COURT TAMPA, FL 33647 City-St-Zip: LAND O LAKE, FL 34638 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER ELIOGU FS 02/10/2007