

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -8 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **97000005868**

1. Corporation Name

NTD ANNANG FOUNDATION

2. Principal Office Address

16300 NW 18 PL

3. Mailing Office Address

16300 NW 18 PL

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33054

Country

Dade

Zip

33054

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

October 17, 1997

5. FEI Number

74-30-30-012

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

DR. AL OONO

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

16300 NORTHWEST 18 PL

Suite, Apt. #, Etc.

N/A

City

MIAMI,

State
FL

Zip Code
33054

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 **March 4, 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
Trea.	Pamela B. Eyo	15121 Southwest 154 Ct. Miramar, FL 33180	Miami, Florida 33196
V.P.	Mr. Buffer Eyo	15121 Southwest 154 Ct.	Miami, Florida 33196
Secrea	Dr. Jimmy Umoh	1914 SW 180 Terrace	Miramar, FL 33029
Presi.	Dr. Al Oono "D"	16300 NW 18 PL "D"	Miami, FL 33054
Patron	Dr. Oku Nnamdie "D"	350 NE 116 STREET "D"	MIAMI SHORES, FL 33161
	Dr. Mrs. Eka Nnamdie "D"	350 NE 116 Street "D"	MIAMI SHORES, FL 33161

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

Date

305

305 626 9006

Daytime Phone #

CR2E081 (9/00)