


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | |
|---|---|
| DOCUMENT # N97000005868 1. Entity Name NTO ANNANG FOUNDATION MIAMI CHAPTER, INC. |  |
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FILED
 05 NOV -7 PM 2: 35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 16300 NW 18 PL MIAMI, FL 33054 | Mailing Address 16300 NW 18 PL MIAMI, FL 33054 |
|--|--|



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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

10212005 REIN-NP CR2E099 (6/04)

| | |
|--|--|
| 4. FEI Number 58-2006066 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---|
| 6. Name and Address of Current Registered Agent O'DONO ODNO, AL DR 16300 NW 18 PL MIAMI, FL 33054 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|---|---|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *O'Dono* DATE 11-3-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
 After January 1, 2006, Fee will be \$297.50

Make check payable to
 Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EYO, PAMELA B 15121 SOUTHWEST 154 CT MIAMI, FL 33196 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500061222905 11/08/05--01002--025 ***236.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V EYO, BUFFER MR 15121 SOUTHWEST 154 CT MIAMI, FL 33196 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S UMOH, JIMMY DR 1914 SW 180 TERRACE MIRAMAR, FL 33029 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ODONO, AL DR 16300 NW 18 PL MIAMI, FL 33054 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NNAMDIE, OKU DR 350 NE 116 STREET MIAMI SHORES, FL 33161 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NNAMDIE, EKA DR 350 NE 116 STREET MIAMI SHORES, FL 33161 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. AL O'DONO *O'Dono* DATE 11-3-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #