
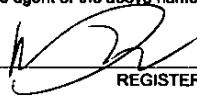



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2005 ANNUAL REPORT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 SEP -7 AM 11:30	
DOCUMENT # N98000001326					
1. Corporation Name Federation of Ethnic-Ethnic Descendants Union Overseas Inc					
2. Principal Office Address 2501 Walnut Heights Suite, Apt. #, etc. Road		3. Mailing Office Address 2501 Walnut Heights Suite, Apt. #, etc. Road		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 650823776 Applied For Not Applicable	
City & State Apodika Florida		City & State Apodika Florida			
Zip 32703	Country Orange	Zip 32703	Country Orange		
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name DADA MICHAEL 100059613951					
Street Address (P.O. Box Number is Not Acceptable) 2501 WALNUT HEIGHTS ROAD 09/14/05--01033--021 ***61 25					
Suite, Apt. #, Etc.					
City APODILA		State FL	Zip Code 32703		
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 8/1/05			
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	
MRS	YEMI OMOTUNDE (D)	116 OAKRIDGE PL		PARK RIVER, ND 58270	
MR	KAYODE AINA (D)	621 CAQUENTE WAY		OXNARD, CA 93036	
MR	OLUSEGUN DADA (D)	4241 58th AVE, #8		BLADENSBURG, MD 20710	
MR	KAYODE ADELEYE (D)	5200 Rempton Ave		Oakland, CA	
MR	JONATHAN ADEWUMI (D)	325 Franklin Ave		Brooklyn, NY 11238	
MR	JOHN AINA (D)	401 MIRAMAR		HOLLYWOOD, FLORIDA	
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: 		8/31/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #		

CR2E081 (01/05)