

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # N99000001376

1. Corporation Name

Friends of Ghana International, Inc.

2. Principal Office Address

15840 S.W. 102 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33157

Country
USA

3. Mailing Office Address

15840 S.W. 102 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33157

Country
USA

REINSTATEMENT

00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0978817

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

Kwame Tweneboah

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

613 S.W. 76th Avenue

Suite, Apt. #, Etc.

City

North Lauderdale

State
FL

Zip Code
33068

200004794852-4
-01/24/02--01079--118
****297.50 ****297.50

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 11-01-01

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
P	James Kakrah D	15840 S.W. 102 Avenue	Miami, Florida 33157
VP	Isaac Ofori D	1800 N.W. 175th Street	Miami, Florida 33056
Sec	Marie Kakrah D	15840 S.W. 102 Avenue	Miami, Florida 33157
			AD

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

11/01/01 (305) 378-1946

Date

Daytime Phone #

CR2E081 (9/00)