

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N99000004902

1. Corporation Name

NIGERIAN COMMUNITY FORUM OF TAMPA BAY, INC.

Principal Place of Business

8508 WALLABY WAY
TAMPA FL 33635

Mailing Address

8508 WALLABY WAY
TAMPA FL 33635

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 01-02



02 FEB -7 PM 12:36

06-22-01 90184 041 \$ 61.25

4. Date Incorporated or Qualified
To Do Business in Florida

08/11/1999

5. FEI Number 47-0848024
~~APPLIED FOR~~

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LSKROLA, BODE	9225 HIDDEN WATER CIRCLE	RIVERVIEW FL 33569
VPD	OKPALEKE, CELINA	4326 FAIRFAX DR.	BRADENTON FL 34203
TD	FEDEYI, TUNDE	11362 BROOKGREEN DR.	TAMPA FL 33624
			200004926912--7 -02/14/02-01068-1020 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

OBI, ROWLAND C
8508 WALLABY WAY
TAMPA FL 33635

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Rowland C. OBI

REGISTERED AGENT MUST SIGN

Date

1/15/02

11. 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)(l), 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:

Rowland C. OBI PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/02

Daytime Phone #

(813)
221-9444