

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000017452

1. Entity Name  
KEBE AFRICAN ART, INC.



SECRETARY OF STATE  
DIVISION OF CORPORATION

06 APR 30 AM 8:20

Principal Place of Business  
4101 NW 30TH TERRACE  
3  
LAUDERDALE LAKES, FL 33309

Mailing Address  
4101 NW 30TH TERRACE  
3  
LAUDERDALE LAKES, FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006 REIN-P CR2E098 (11/05)

4. FEI Number  
65-1002580

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEBE, MBALLO  
4101 NW 30TH TERRACE  
3  
LAUDERDALE LAKES, FL 33309

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
KEBE, MBALLO  
STREET ADDRESS  
950 NE 154TH ST.  
CITY-ST-ZIP  
NORTH MIAMI BEACH, FL 33162

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: *Kebe Mballe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 05-06

000073994540

05/04/06--01022--030 ☒ Change ☐ Addition

Williams MAR 30 2006