

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8000087867000

11/04/02--01077--003 **150.00

DOCUMENT # P01000038764

1. Corporation Name

AFRICAN ART & DESIGNS, INC.

Principal Place of Business

17005 W. DIXIE HWY.
N. MIAMI BEACH FL 33160

Mailing Address

17005 W. DIXIE HWY.
N. MIAMI BEACH FL 33160

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2001

5. FEI Number

65-1097503

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D

MBELU, SAMUEL A

17005 W. DIXIE HWY.

N. MIAMI BEACH FL 33160

8. Name and Address of Current Registered Agent

MBELU, SAMUEL A
17005 W. DIXIE HWY.
N. MIAMI BEACH FL 33160

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/24/02

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)(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

Date

Daytime Phone #

10/24/02

CR2E040 (8/02)

From: African Art & Designs, Inc.
17005 W. Dixie HWY
N Miami Beach, Florida 33160

October 24, 2002

To: Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: African Art & Designs, Inc. Doc. # P01000038764

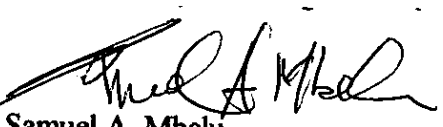
I am writing this letter to request a waiver of the corporation reinstatement fee. The corporation did not receive the prior uniform business report (UBR) notice.

I am the officer/owner and the registered agent of the corporation.

Enclosed in this letter is \$150.00

I hope my request would be granted.

Sincerely Yours,



Samuel A. Mbelu
President/Owner