

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

TAIWO ENTERPRISES INC
P02000075548

2. Principal Office Address

7548 NW 3RD COURT

Suite, Apt. #, etc.

3. Mailing Office Address

7548 NW 3RD COURT

Suite, Apt. #, etc.

City & State

PLANTATION FLORIDA

City & State

PLANTATION FLORIDA

Zip

33317

Country

BROWARD

Zip

33317

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

7/11/2002

5. FEI Number

020609385

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

R. Liverpool

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

8428 W. Oakland Pk, Blvd.

Suite, Apt. #, Etc.

City

Surprise

State

FL

Zip Code

33351

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

R. Liverpool

Date 11.19.03

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
DP	AJAYI, JACOB	7548 NW 3 RD CT	PLANTATION FL. 33317

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:

AJAYI, JACOB

AJAYI, JACOB

11/18/03

954-558-2542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (11/02)