

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 21 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/21/07--01013--002 **200.00



11212007 REIN-P CR2E098 (1/07)

DOCUMENT # P05000150639					
1. Entity Name AGYEIWA'S AFRICAN BOUTIQUE, INC.					
Principal Place of Business 3400 GALLANT FOX TRAIL TALLAHASSEE, FL 32309			Mailing Address 3400 GALLANT FOX TRAIL TALLAHASSEE, FL 32309		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2874410	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OWUSU, YAW A 3400 GALLANT FOX TRAIL TALLAHASSEE, FL 32309			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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWUSU, ABENAA A		NAME		
STREET ADDRESS	3400 GALLANT FOX TRAIL		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32309		CITY- ST- ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWUSU, YAW A		NAME		
STREET ADDRESS	3400 GALLANT FOX TRAIL		STREET ADDRESS		
CITY- ST- ZIP	TALLAHASSEE, FL 32309		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 			Nov. 21, 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

REINSTATEMENT
2007