

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000085010

Entity Name: IKEM OBI PA

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9319 NW 24 PLACE  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

9319 NW 24 PLACE  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

FEI Number: 27-1118668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OBI, IKEM  
9319 NW 24 PLACE  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: IKEM OBI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OBI, IKEM  
Address: 9319 NW 24 PLACE  
City-St-Zip: PEMBROKE PINES, FL 33024 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IKEM OBI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

01/11/2011

\_\_\_\_\_  
Date