

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P94000086374

98 APR -2 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
2 AFRIKA, INC.

Principal Place of Business 13502 NE 23 PLACE N. MIAMI FL 33181	Mailing Address 13502 NE 23 PLACE N. MIAMI FL 33181
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REINSTATEMENT

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

2. New Principal Office Address, If Applicable 13502 NE 23 PLACE Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 13502 NE 23 PLACE Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 11/23/1994
City & State N. MIAMI FL	City & State N. MIAMI FL	5. FEI Number 65-0653540
Zip 33181	Country USA	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	HIEBER, KENNETH	407 PARK AVE. SOUTH	NEW YORK NY 10016

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*****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

M VALDERRAMA 13502 NE 23 PLACE N. MIAMI FL 33181	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.

Signature of Registered Agent: PP. [Signature] Date: 3/27/98.
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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] Date: 3/27/98 Daytime Phone #: 212 223.4481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/97)