PLEASE F	READ ALL INST	RUCTIO	ONS BEFORE (COMPLETING	THIS FOR	M.		
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				FILED 98 APR - 2 PM 12: 48				
DOCUMENT # P9400086374 1. Corporation Name								
								2 AFRIKA, INC.
Principal Place of Business 13502 NE 23 PLA N. MIAM I	CE 13502	Mailing Address 13502 NE 23 PLACE N. MIAMI						
FL 33181		R 33181 pugh incorrect information and enter correction below.			REINSTATEMENT 97-9			
2. New Principal Office Address, If Applica	13502	- NE Z	ress, if Applicable	Date Incorporated To Do Business in	l or Qualified n Florida	11/23/1994	a	
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. FEI Number 65	-0653540	Applied I	For	
City & State MIAMI PL		N. MIAMI FL		6.		Not Applicable \$8.75 Additional Fee regulard		
33181 Country USA	Zip 3318	• 1	Ooluntry USA	CERTIFICATE OF S	TATUS DESIRED	for a Certificate of S	tatus	
7. Names and Street Addresses of Each C	fficers	_ 	Street Address of Each	h .				
Title(s) and/or Direction 2 P HIEBER, KENNETH	Officer and/or Directo (Do NOT Use Post Office Box		Numbers) 4 City / State / Zip NEW YORK NY 10016					
)	eoc	-04/07/98-	1568 -01081027 NO ****900.0	Ì	
·								
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent				
M VALDERRAMA				P.O. Box Number is Not Acceptable)				
Suite, Apt. #, Etc.								
N.MIAMI FL 35181			City					
10. I, being appointed the registered agen	of the above named corpo	oration, am fan	niliar with and accept the c	obligations of Section 60		-L		
Signature of Registered Agent PP.	REGISTERED AG	ENT MUST S	IGN		pate 3 2	198.		
11. This corporation owe intangible Personal P				No 🗆		r side for information ntangible tax.)		
12. I certify that I em an officer or director of this reinstatement application, the reason owed by the corporation have been paid on this application is true and accurate,	n for dissolution has been I and the names of individ	eliminated, thu uals listed on	e corporate name satisfies this form do not qualify for	the requirements of se an exemption under se	ction 607.0401 or 61	7.0401, F.S., that all fe	es [
SIGNATURE:	M_			3/2	7198 2	12 223. 448	,	
SIGNATURE: SIGNATURE ALD TYPE	ED OR PRINTED NAME OF	SIGNING OFFIC	ER OR DIRECTOR		Date	Daytime Phone #	1	