

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 12 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000024911**

1. Corporation Name

FUNMI CORPORATION

900012386269

02/12/03--01047--003 **908.75

2. Principal Office Address

Co/ CHINYE & COMPANY, C

3. Mailing Office Address

Suite, Apt. #, etc.

1395 NW 167-STREET, #101

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33169

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/99

5. FEI Number

65-0910522

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

TONY CHINYE

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

1395 NW 167 STREET

Suite, Apt. #, Etc.

101

City

MIAMI

State

FL

Zip Code

33169

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

REGISTERED AGENT MUST SIGN

Date

2/6/03

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
P	FUNMILAYO V. KOLAWOLE-TAYLOR	90 NW 163 STREET	MIAMI, FL 33169

REINSTATEMENT 02-03 TO

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/06/03

305 625-7464

CR2E081 (10/02)