

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

03 APR -8 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000089987

1. Corporation Name

OBUSINESS Consultancy, Inc.

2. Principal Office Address

180 NW 30th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

180 NW 30th Ave

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

100015472631

04/08/03--01056--012 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-8-99

5. FEI Number

651099985

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

Zakkiyah O. Osuigwe

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

2770 N.W. 8th St

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/3/03

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/T	Zakkiyah Osuigwe	2770 NW 8th St	Pompano Beach, FL 33069
V/S	Denise Martin	2770 NW 8th St	Pompano Bch, FL 33069

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] Zakkiyah Osuigwe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

Date

954-978-0410

Daytime Phone #

2/4/9



180 NW 30th Ave
Pompano Beach, FL 33069
PH: (954) 978-0410 or (954) 701-0780
E-mail: Osuigwe@hotmail.com

February 3, 2003

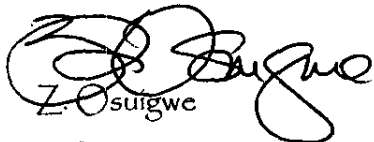
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subj: Corporation Reinstatement

Dear Ma'am or Sir,

We are requesting that our Corporation be reinstated and fee be waived, due to non-receipt of previous notices for 2002. Enclosed is a check for ~~\$150.00~~ ^{\$300.00}. If you have any questions please call or e-mail us.

Sincerely,


Z. Osuigwe



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 17, 2003

OBUSINESS CONSULTANCY INC.
180 NW 30TH AVE.
POMPANO BEACH, FL 33069

SUBJECT: OBUSINESS CONSULTANCY INC.
Ref. Number: P99000089987

We have received your document for OBUSINESS CONSULTANCY INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$300.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 103A00010328