

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 30 PM 2:59

DOCUMENT # **S67796**

1. Corporation Name

African Development Group, Inc
204 South Monroe Street
Suite 203

2. Principal Office Address

204 S. Monroe

Suite, Apt. #, etc.

Suite 203

City & State

Tallahassee

Zip

32301

Country

USA

3. Mailing Office Address

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

Zip

Country

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

7-22-91

5. FEI Number

593077919

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

Peter Harris

400009746974

12/30/02-01075-020 *1550.00**

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

204 South Monroe Street

Suite, Apt. #, Etc.

Suite 203

City

Tallahassee

State

FL

Zip Code

32301

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

Date **12-30-02**

REGISTERED AGENT MUST SIGN

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
PD	Peter Harris	1114 Maria Av.	Tall / Fl. / 32301
VP	Maria Johnson	1311 Stuyvesant Pl.	Staten Island NY 10301
CS	Elvira Harris	1904 Myrick	Tall, Fl. 32308

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:

Peter Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-30-02

Daytime Phone #

850/2244600

CR2E081 (9/01)