

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY	A DEPARTMENT OF STATE Secretary of State Ivision of corporations		
DOCUMENT # L070000 1. Limited Liability Company's Name Onabare Baka ON	136683 niero Ogunlege 1A Tile, LLC		
		1	CR2E041 (11/09)
Principal Office Address - No P.O. Box #     3. Mailing Office Address			
/ \$/29 S. W. 200 St - 7. D. 36 X 94 Suite, Apt. #, etc. Suite, Apt. #, etc.		4. State/Country of Formation	
	29 5. W. 200 St.		ized or Qualified ness in Florida
City & State City & State		6. FEI Numbe	
Zip Country Zip	618 Alachum	7. CERTIFICATE	OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent			
Name  ON Up a Miero  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  Hr Ch / 7/,  State Zip Code  FL 326/8		☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.  Signature of Registered Agent Chapter 808, F.S.  Date 6-18-2010			
10. Names and Street Addresses of Managing Members/Managing	ers Street Address of Each		
Titles Managing Members/ Managers	Managing Member/Managing		City / State / Zip
mar Matamir Ogenhye	191-79-5W	200 st.	Archer 71. 35 618
		1 05/1	00183271391 8/1001008010 **105.00
DEINIGTATEM	RENTe (a	07/14	PO183271391 /1001003018 **416.25
REINSTATEMENT 2008-10			· JB
11. E-mail Address: () MC ()GUM ISIZE QU G MUIT - COM			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406. F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same fegal effect as if made under oath.  Signature of Managing Member/Manage  Date 6 - 18 - 20 Saytime Phone # 25 2 25 6 5 483  Typed or printed name of signing Managing Member/Manager			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2010

ONABAMIERO OTUNLEYE BABA O ONA TILE, LLC PO BOX 94 ARCHER, FL 32618

SUBJECT: BABA O ONA TILE LLC

Ref. Number: L07000036683

We have received your document for BABA O ONA TILE LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Revocation of Dissolution can only be filed if the company filed a dissolution, this company was admin dissolution for annual report so it would have to reinstate.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 110A00012818