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DOCUMENT # L07000036683
1. Limited Liability Company's Name Onabamiero Ogunleye
Baba ONA Tike, LLC

2. Principal Office Address - No P.O. Box # 18129 S.W. 200 St. Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 94 Suite, Apt. #, etc. 18129 S.W. 200 St.	
City & State Archer Fl.		City & State Archer Fl.	
Zip 32618	Country Alaucha	Zip 32618	Country Alaucha

Flacida

☒ Not Applicable

Name Onabamiero Ogunleye
Street Address (P.O. Box Number is Not Acceptable)
18129 S. W. 200 St.
Suite, Apt. #, Etc.

City Archer Fl. State FL Zip Code 32618

Date 6-18-2010

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Mr. Mahamud Ogunkeye	181-79-5.W 200 st.	Acker 71. 32618
			<div data-bbox="1003 1562 1433 1604"> 100183271391 05/13/10--01008--010 **105.00 </div>
	<div data-bbox="198 1709 587 1751"> REINSTATEMENT 2008-10 </div>		<div data-bbox="1003 1688 1433 1730"> 100183271391 07/14/10--01003--018 **416.25 </div>
			<div data-bbox="1391 1759 1433 1785">JB</div>

11. E-mail Address: Ona Ogunkunle @ G mail . 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 legal effect as if made under oath.

Signature of Managing Member/Manager: Quabamiro Aguilar Date 6-18-2018 Daytime Phone # (752) 256-5483
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.
-105.00 - 116.25

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