
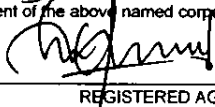



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NDS00008719			
1. Corporation Name YORUBA DESCENDANT UNION OF TAMPA BAY INC.			
2. Principal Office Address - No P.O. Box # 5623 21st Way S.		3. Mailing Office Address P.O. Box 16002	
Suite, Apt. #, etc. 2301		Suite, Apt. #, etc.	
City & State ST. PETERSBURG, FL		City & State ST. PETE, FL	
Zip 33712	Country USA	Zip 33733	Country USA
7. Name and Address of Current Registered Agent			
Name Mrs. OluFunke Owa			
Street Address (P.O. Box Number is Not Acceptable) 5623 21st Way South			
Suite, Apt. #, Etc. 2301			
City St. Petersburg		State FL	Zip Code 33712
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 08/09/10	
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
PRES.	Mrs. OluFunke Owa	5623 21st Way S. #2301	St. Pete, FL 33712
V.P.	Mr. Adewale Akande	5125 Palm Springs Blvd	Tampa, FL 33647
Secy.	Mrs. Laide Oduanya	9225 Hidden Water Circle	River View, FL 33578
Fin. Sec.	Mrs. Kehinde Aledinsewo	1751 26th Avenue South	St. Pete, FL 33712
REINSTATEMENT 07-10			
10. E-mail Address: Yorubadesendant@mail.com			
(To be used for future annual report notification)			
11. 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. I further certify, 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: 		Date 08/09/10	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mrs. OluFunke Owa		Daytime Phone #	

FILED

10 SEP 16 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~7410000040293~~

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REINSTATEMENT 07-10

4. Date Incorporated or Qualified To Do Business in Florida
AUG 24, 2005

5. FEI Number
20-3409617

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

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09/16/10--01045--002 **183.75

9/17/10