2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011695

Entity Name: OMOSEDE INC.

FILED Oct 19, 2006 Secretary of State

	TO SMOOLE INC.			
Current P	rincipal Place of Business:	New Principal Pl	New Principal Place of Business:	
P.O. BOX (ORLANDC	608837 D, FL 32810			
Current Mailing Address:		New Mailing Add	New Mailing Address:	
P.O. BOX 6 ORLANDO	608837 D, FL 32810			
	20-3813904 FEI Number Applied For() For with s. 607.193(2)(b), F.S., the corporation did not re Address of Current Registered Agent:	<u>=</u>) Certificate of Status Desired () ss of New Registered Agent:	
		Maille alla Adale	ss of New Registered Agent.	
HARRIS, C 12 CHANN ORLANDC				
The above in the State	named entity submits this statement for the purpe of Florida.	oose of changing its regis	tered office or registered agent, or both,	
SIGNATUR	RE: CYNTHIA HARRIS			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () Delete HARRIS, CYNTHIA 12 CHANNING AVE ORLANDO, FL 32811 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete GATEWOOD, VIVIAN 2621 CASTLE OAK DR ORLANDO, FL 32808 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TR () Delete PARKER, ANDREW 4450 MEDALLION DR ORLANDO, FL 32808 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () Delete DODDS, AKEIMA 291 ALTAMONTE BAY CLUB CIR. #202 ALTAMONTE SPRINGS, FL 32701 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AST () Delete XAVIER, JESSICA 291 ALTAMONTE BAY CLUB CIR #202 ALTAMONTE SPRINGS, FL 32701 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AST () Delete HARPER, MARK A 7470 BETTY ST WINTER PARK, FL 32792 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA HARRIS PRES 10/19/2006