

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JAN -6 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 98000003698

1. Corporation Name

Obuduwa Descendants of  
Tampa-Bay INC

2. Principal Office Address

9225, Hidden Water

Suite, Apt. #, etc.

Circle

City & State

River View FL

Zip

33569

Country

U.S.A

3. Mailing Office Address

P.O. Box 7593

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33673

Country

U.S.A

900009861189

01/06/03--01038--002 \*\*122.50

4. Date Incorporated or Qualified  
To Do Business in Florida

06-22-98

5. FEI Number

59-353-4509

☒ 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

ADEOLA ODUSANYA

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

9225, Hidden Water Circle

Suite, Apt. #, Etc.

City

River View

State

FL

Zip Code

33569

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/31/02

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
DP	ADEOLA ODUSANYA	9225, Hidden Water Circle	River View FL 33569
DV	AKIN BAKARE	1119, Ship Water Circle	Tampa FL 33602
DF	PAUL MOMEH	222, Pompano Dr. S.E.	St. Peters. FL 33705
DS	Olufemi ADEMAYE	8730. N. Himes Av.	Tampa FL 33614
DT	CAROLINE BOLARINWA	11323, HOLLYGLEN Dr.	Tampa FL 33624
DM	HENRY BOLARINWA	11323 HOLLYGLEN DR	Tampa FL 33624

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADEOLA ODUSANYA 12/31/02 813-626-6277

Date

Daytime Phone #

CR2E081 (9/01)

2/11/2