


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  
**ODUDUWA Descendants of TAMPA-BAY INC**

2. Principal Office Address  
**9225, Hidden Water Circle**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**P.O. Box 7593**  
Suite, Apt. #, etc.

City & State  
**RIVERVIEW FL**

City & State  
**TAMPA FL**

Zip  
**33569** Country  
**U.S.A**

Zip  
**33673** Country  
**U.S.A**

**900009861189**  
01/06/03--01038--002 \*\*122.50

4. Date Incorporated or Qualified To Do Business in Florida  
**08-22-98**

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

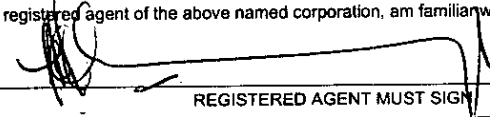
Name  
**ADEOLA ODUSANYA**

Street Address (P.O. Box Number is Not Acceptable)  
**9225, Hidden Water Circle**

Suite, Apt. #, Etc.

City  
**RIVERVIEW** 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.

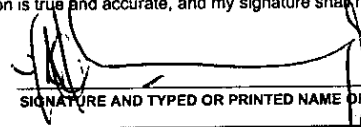
Signature of Registered Agent  Date **12/31/02**

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
DP	ADEOLA ODUSANYA	9225, Hidden Water Cir	Riverview FL 33569
DV	AKIN BAKARE	1119, Shipwater Circle	Tampa FL 33602
DF	PAUL MOMEH	222, Pompano Dr. S.E. #206	St. Peters. FL 33705
DS	Olufemi ADEMAYE	8730. N. Himes Av.	Tampa FL 33614
DT	CAROLINE BOLARINWA	11323, HOLLYGLEN Dr.	TAMPA FL 33624
D.M.	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:  : **ADEOLA ODUSANYA** Date **12/31/02** Daytime Phone # **813-626-6277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)

2/11/2