

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 29 PM 4:46

STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 06-08  
CR2E081 (10/08)

DOCUMENT # P04000004710

1. Corporation Name

ODE ROYALS CORP.

2. Principal Office Address - No P.O. Box #

10880 Cory lake Drive

Suite, Apt. #, etc.

3. Mailing Office Address

10880 Cory lake Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33647

Country

U.S.A

Zip

33647

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/2004

5. FEI Number

320102946

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

A. Oladapo Odedina

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

10880 Cory lake Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 10/24/08

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
President	Prince A. Oladapo Odedina	10880 Cory lake Drive	Tampa, FL, 33647
V.P	Dr. Folakemi Odedina	10880 Cory lake Drive	Tampa, FL, 33647

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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 contained in Chapter 119, 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]

Prince A. Oladapo Odedina

Date

10/24/08 (850) 980-3112

Daytime Phone #