

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 24 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000052918

1. Corporation Name

Odirop & Tiason Inc.

700115995897
01/24/08--01029--014 **1058.75

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

3210 N.W. 94 th. Way

Suite, Apt. #, etc.

City & State

Sunrise

Zip

33351

Country

U.S.

3. Mailing Office Address

34 Hudson St.

Suite, Apt. #, etc.

City & State

Staten Island NY

Zip

10304

Country

Richmond

REINSTATEMENT 06-08
GR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

04-04-2005

5. FEI Number

☒ 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

Tia Roper

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

3210 N.W. 94 th. Way

Suite, Apt. #, Etc.

City

Sunrise

State
FL

Zip Code

33351

☐ 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

Tia Roper
REGISTERED AGENT MUST SIGN

Date Jan. 21, 2008

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	Tia Roper	3210 N.W. 94th Way	Sunrise FL. 33351
VP	Tia Roper	3210 N.W. 94th Way	Sunrise FL. 33351
COO	Sonny Odili	213 Simonson Ave.	Staten Island NY 10303

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:

Tia Roper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan. 21, 2008 / (954) 588-5222

Daytime Phone #

701/29