

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 MAY 24 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

DAVID OMOBASUYI, P.A.

198000051105

2. Principal Office Address

347 IVES DAIRY RD.

3. Mailing Office Address

SAME AS 2.

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

Country

33179

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-5-98

5. FEI Number

65-082500

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

DAVID OMOBASUYI

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

347 IVES DAIRY RD

Suite, Apt. #, Etc.

#5

City

MIAMI

800005728568-8

-06/10/02--01051--021

***308.75 ***308.75

State

FL

Zip Code

33179

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

David Ombasuyi

Date

4/4/02

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
D	DAVID OMOBASUYI	347 IVES DAIRY RD	MIAMI FL 33179
			201.25-AR
			10.00-ARARIS
			88.75-ARsupp
			8.75-Cut

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:

David Ombasuyi

DAVID OMOBASUYI

Date

4/4/02

Daytime Phone #

(305) 228-2227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)