

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000099471

1. Corporation Name

ORUMMILA ODDUWA, INC.

Principal Place of Business

809 BELVEDERE RD
WEST PALM BEACH FL 33405

Mailing Address

809 BELVEDERE RD
WEST PALM BEACH FL 33405



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1998

5. FEI Number

65-0878235

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

4

PTD

CASTILLO, JORGE L

522 PLYMOUTH ROAD

WEST PALM BEACH FL 33404

700009863187

01/06/03--01038--013 **600.00

8. Name and Address of Current Registered Agent

CASTILLO, JORGE L
522 PLYMOUTH ROAD
WEST PALM BEACH FL 33404

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/2/03

11. 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

Date

Daytime Phone #

1/2/03

CR2E040 (8/02)

January 3, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O.BOX 6327
Tallahassee, Florida 32314.

REF:ORUMMILA ODDUWA, INC.
Ref: # P98000099471


Sir or Madam:

I am attaching the Check # 1358 dated 1/2/03 for the amount of \$ 600.00 as per your request. It's my personal feeling that it is not correct; I filed on January 5, 2002 the 2002 Uniform Business Report and paid for it, I never received any letter from you saying that was incorrect the form, you kept the amount and now you Dissolved the Corporation and I need to pay \$ 600.00 more (it is no fear).

I filed on time, and pay on time; Why the Penalty if I never received any papers, may be was missing on the post office.

I hope you review my case and send me back this check.

Very truly,



JORGE L. CASTILLO
PRESIDENT
ORUMMILA ODDUWA, INC.