PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P98000099471 DOCUMENT #

1. Corporation Name

ORUMMILA ODDUWA, INC.

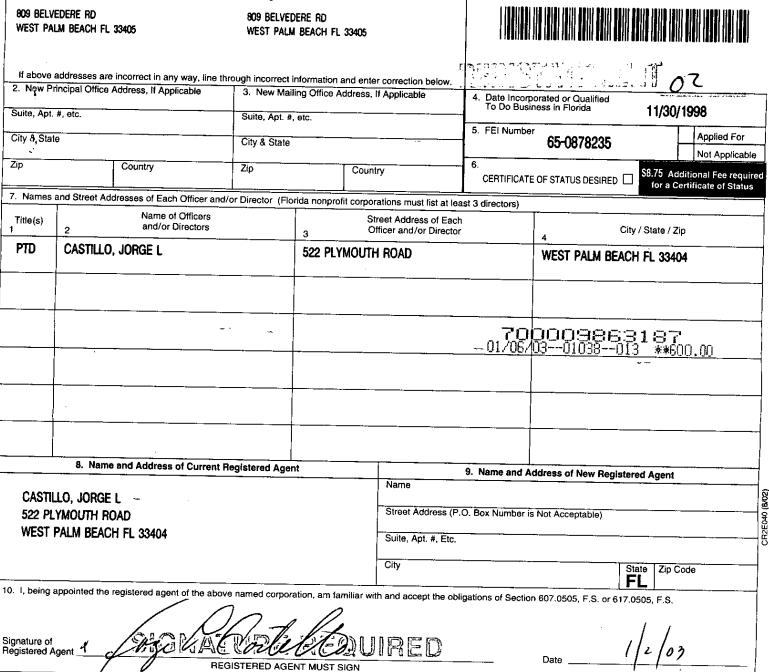
Principal Place of Business

Mailing Address

FIFD

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SECREDARY OF STATE TAIL ASSET. TLOOD DA



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 exect as if made under oath

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 Disolved 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,7

JORGE L. CASTILLO

PRESINDENT

ORUMMILA ODDUWA, INC.