

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 15 AM 11:36

DOCUMENT # *N10915*

1. Corporation Name
Templo Yoruba Homo-Olorun USA, inc

2. Principal Office Address
585 SE 9th AVE

3. Mailing Office Address
585 SE 9th AVE.

CR2E081 (8/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State
HIALEAH, FL

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
74-3147840

Applied For
Not Applicable

Zip
33010

Country
USA

Zip
33010

Country
US

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Hilda Queris

Street Address (P.O. Box Number is Not Acceptable)
585 SE 9th AVE

Suite, Apt. #, Etc.

City
HIALEAH

State
FL

Zip Code
33010

REINSTATEMENT 90-00

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]

Date

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
P.	<i>Hilda QUERIS</i>	<i>585 SE 9th AVE</i>	<i>HIALEAH, FL 33010</i>
VP	<i>Elusida Sotomayor</i>	<i>585 SE 9th AVE</i>	<i>HIALEAH FL 33010</i>
T/S	<i>Hilda Queris</i>	<i>585 SE 9th AVE</i>	<i>HIALEAH FL 33010</i>

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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 under section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Williams MAR 15 2006