

**2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N16000003519

**Entity Name:** ILE ORUNMILA OGUNDA-BEDE, INC.

**Current Principal Place of Business:**

142 EAST 19 STREET  
HIALEAH, FL 33010

**Current Mailing Address:**

142 EAST 19 STREET  
HIALEAH, FL 33010 US

**FEI Number: 81-2483022**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STEWART, III, CHARLES L  
142 EAST 19 STREET  
HIALEAH, FL 33010 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** CHARLES STEWART, III

05/03/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name STEWART, III, CHARLES L  
Address 142 EAST 19 STREET  
City-State-Zip: HIALEAH FL 33010

Title VD  
Name STEWART, MAGDOLYS  
Address 142 EAST 19 STREET  
City-State-Zip: HIALEAH FL 33010

Title SD  
Name BUTLER WILSON, JAQUELINE  
Address 142 EAST 19 STREET  
City-State-Zip: HIALEAH FL 33010

Title TD  
Name MACHADO, ROBERT R  
Address 142 EAST 19 STREET  
City-State-Zip: HIALEAH FL 33010

Title D  
Name AWOLOLA AGBOOLA, OYENIYI  
Address 142 EAST 19 STREET  
City-State-Zip: HIALEAH FL 33010

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES STEWART, III

CEO

05/03/2019

Electronic Signature of Signing Officer/Director Detail

Date