

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000063289

1. Corporation Name

ODYSSEAS ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

2600 S.W. 3RD AVENUE
SUITE 950
MIAMI FL 33129

2600 S.W. 3RD AVENUE
SUITE 950
MIAMI FL 33129

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
200 SE 15th Road Suite 4D

Suite, Apt. #, etc.
200 SE 15th Road Suite 4D

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33129

Country
USA

Zip
33129

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1999

5. FEI Number

65-0934092

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ARISTIDES FUENTES, SALVADOR U	2600 S.W. 3RD AVENUE 200 SE 15 Road Suite 4D	MIAMI FL 33129
			800004740878--8 -12/27/01--01028--023 ****758.75 ****758.75

REINSTATEMENT 01

8. Name and Address of Current Registered Agent

HOYOS, MAITE
1101 BRICKELL AVENUE
SUITE 704
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Hugo Montgomery
Street Address (P.O. Box Numbers Not Accepted)
200 SE 15th Road Suite 4D
Suite, Apt. #
City Miami State FL Zip Code 33129

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.

Signature of
Registered Agent

Hugo Montgomery

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-5-01

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:

Salvador Fuentes Aristides
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 4 2001

305 8561663

Date

Daytime Phone #