

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 15 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 196513**

1. Corporation Name

Odell Builders, Inc.

**REINSTATEMENT** 05-10

200172222072  
03/15/10--01060--004 \*\*1500.00  
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

16251 N.W. 54 Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Gardens, FL

City & State

Zip

33014

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 10/03/1956

5. FEI Number  
590807763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Sheryl Greenwald

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

16251 N.W. 54 Avenue

Suite, Apt. #, Etc.

City

Miami Gardens

State

FL

Zip Code

33014

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date March 9, 2010

**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	Sheryl Greenwald	16251 N.W. 54 Avenue	Miami Gardens, FL 33014
VP	Carole Berman	16251 N.W. 54 Avenue	Miami Gardens, FL 33014

10. E-mail Address: bermancompanies@bellsouth.net

(To be used for future annual report notification)

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, I further certify 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:

Sheryl Greenwald

March 9, 2010 305 624-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #