

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F85359

1. Corporation Name

ODEY CORPORATION

800008201898
11/05/02--01033--017 **900.00

REINSTATEMENT 01-02

2. Principal Office Address

1355 NW 97 AVENUE

3. Mailing Office Address

1355 NW 97 AVENUE

Suite, Apt. #, etc.

2ND FLOOR

Suite, Apt. #, etc.

2ND FLOOR

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

MIAMI-DADE

Zip

33172

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1982

5. FEI Number

592250233

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

EVELIO C. YEDO

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

1355 NW 97 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33172

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]

REGISTERED AGENT MUST SIGN

Date **10-31-02**

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	YEDO, EVELIO C.	1355 NW 97 AVENUE, 2ND FLOOR	MIAMI, FL 33172
VP	YEDO, CARLOS	1355 NW 97 AVENUE, 2ND FLOOR	MIAMI, FL 33172
S/T	YEDO, ANNETTE	1355 NW 97 AVENUE, 2ND FLOOR	MIAMI, FL 33172

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)(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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVELIO C. YEDO

10-31-02

Date

Daytime Phone #

(305) 594-9399

7/11/02

CR2081 (9/01)