

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010932

1. Limited Liability Company's Name

ODESTER ONE, L.L.C.

2. Principal Office Address

3621 NE MIAMI COURT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33137

Country

USA

3. Mailing Office Address

% ODEGARD, INC.

Suite, Apt. #, etc.

200 LEXINGTON AVE. #1206

City & State

NEW YORK, NY

Zip

10016

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

9/8/00

6. FEI Number

65-1049663

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

REINSTATEMENT 200

8. Name and Address of Current Registered Agent

Name

SILVANA GARRIDO-HARTY

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

465 NE 50TH TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/12/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>STEPHANIE ODEGARD</u>	<u>200 LEXINGTON AVE. #1206</u>	<u>NEW YORK, NY 10016</u>

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****150.00 ****150.00

11. I certify that I am managing member, manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date 11/12/01

Daytime Phone # 212-545-0069

Typed or printed name of signing Managing Member/Manager