

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L02240

1. Corporation Name

DESIGN ODYSSEY 2001, INC.

Principal Place of Business

Mailing Address

3300 UNIVERSITY DR.
CORAL SPRINGS FL 33065
US

3300 UNIVERSITY DR.
CORAL SPRINGS FL 33065
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1989

5. FEI Number

65-0131143

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
SPO	ALFASI, AVRAHAM	3300 UNIVERSITY DR., STE. 712	CORAL SPRINGS FL 33065
VD	ALFASI, SANDI	3300 UNIVERSITY DR., STE. 712	CORAL SPRINGS FL 33065
VP	JONES, BRIAN	3300 N UNIVERSITY DR. STE 712	CORAL SPRINGS, FL 33065

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALFASI, AVRAHAM
3300 UNIVERSITY DR.
#712
CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/30/01

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/01

Daytime Phone #

954 344 8680

CR2E040 (8/01)

242

**DESIGN
ODYSSEY**

2001, INC.

Architectural Design

3300 University Dr. Suite 712

Coral Springs, Fl. 33065

Phone (954) 344-8680

Fax (954) 344-8656 7th Flr

October 30, 2001

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, Fl 32314

Attn.: Katherine Harris
Secretary of State

Re: L02240

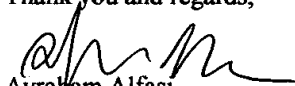
Dear Ms. Harris:

Our companies UBR report was submitted on May 1, 2001; however, it was returned for being incomplete. Our administrative manager was let go for misconduct shortly after we received your letter allowing us 30 days to rectify and return our report. This problem was never brought to my attention. Our new administrative manager received your notice of Administrative Dissolution or Revocation. The problem was than brought to my attention. Because of this situation, I would like to ask if all late fees could be waived. This is the first time our company has failed to abide by state regulation.

I have attached our corrected UBR report and a copy of our original check (\$150.00). Your assistance would be greatly appreciated.

You may contact me either by mail at the above address or by phone, (954) 344-8680, ext. 24.

Thank you and regards,


Avraham Alfasi
President

AA/jh

Attachments (2)