, PLEASE READ A	ALL INSTRUCTIONS	BEFORE C	and the second second second	NG THIS FORM		
APPLICATION . FOR 95-9 REINSTATEMENT	T OF STATE ham late		FIED			
11 A C			96 OCT 30 PH 1:44			
DOCUMENT # M 24462			SI SI	ECRETARY OF STATE LAHASSEE, FLORIDA		
Odaly's Designs & Supplies, Inc.			[TAJ	Lahassee, flohida	· .	
Principal Place of Business Mailing Address						
4816 S.W. 75 Th AVE.						
Miami. FL. 33155						
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 Address, If Applicable				DO NOT WRITE IN THIS SPAC	涯	
N/A Ite, Apt. #, etc. Suite, Apt. #, etc.			To Do Busin	ess in Florida 02/01/86	Applied For	
City & State	City & State		59-261 3442		Not Applicable	
Zip Country	Zip Country		1 -	OF STATUS DESIRED S8.75	Additional Fee required a Certificate of Status	
7 Names and Street Addresses of Each Officer and/ Name of Officers	Stre	et Address of Each	1	Oth / Santa	17:-	
Title(s) and/or Directors Officer and/or Directors 3 (Do NOT Use Post Office Box				City / State	-/ ZIP	
P Marta Cordero 13760 SW. V.P. Odalys Cordero 18760 SW.			3 th. 5t.	Hiami. FL.		
V.P. Odalys Cordero 18760 SW.			3#. ST.	Miami. FL.	35166	
PE			INSTA	TEMENT /	196	
				G	.alan	
8. Name and Address of Current Registered Agent Name				l Address of New Registered Ag	ient 10-30-96	
Odaly s Cordero Street Address (P.O. B				0'0'0'0'1'996:	3428	
13760 900. 38			uile, Apt. #. Etc. 11/05/9601127002 第 ####?75.00 ####775.00			
Miami, FL. 33165 City State Zip Cox					Zip Code	
10 1 being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.						
Registered Agent PEGISTERED AGENT MUST SIGN Date 10/25/96						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Societa Side for Information on Intangible lax.)						
12 I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exampt from public access. 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 filling 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., and that all loss ewed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same logal effect as if made under oath SIGNATURE: O/25/94 Dayline Phone #						

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