

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**

99 DEC -2 PM 12:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **M24482**

1. Corporation Name

**ODALY'S DESIGNS & SUPPLIES, INC.**

Principal Place of Business

Mailing Address

3855 S.W. 137 AVENUE #11  
 MIAMI FL 33175

3855 S.W. 137 AVENUE #11  
 MIAMI FL 33175

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

4. Date Incorporated or Qualified To Do Business in Florida

12/11/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2613442

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 A 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CORDERO, ODALYS	13760 S.W. 38TH STREET	MIAMI FL 33175
VP	CORDERO, MARTHA B	13760 S.W. 38TH STREET	MIAMI FL 33175

300003071469--6  
 -12/15/99--01078--022  
 \*\*\*\*\*750.00 \*\*\*\*\*750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORDERO, ODALYS  
 13760 S.W. 38TH STREET  
 MIAMI FL 33175

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

REGISTERED AGENT MUST SIGN

Date

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:

Odalys Cordero

12-1-99

Date

305  
 559-8116  
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CS25040 (8/99)