

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 JUN 17 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07/03/03--01044--005 \*\*900.00

DOCUMENT# **M24482**  
1. Corporation Name  
**Odalys Designs & Supplies, Inc.**

2. Principal Office Address  
**13760 SW 38 ST.**

3. Mailing Office Address  
**13760 SW 38 ST.**

Suite, Apt. #, etc.

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City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip Country  
**33175 DAde**

Zip Country  
**33175 DAde**

4. Date Incorporated or Qualified To Do Business in Florida  
**02/01/1986**

5. FEI Number  
**59-2613442**

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  
**Odalys Cordero**

Street Address (P.O. Box Number is Not Acceptable)  
**13760 SW 38<sup>th</sup> STREET.**

Suite, Apt. #, Etc.

City State Zip Code  
**miami FL 33175**

**8. I, being appointed registered agent of the above named corporation, am familiar and accept the obligations of section 0.0505 or 1.050, F.S.**

Signature of Registered Agent **[Signature]** Date **6/10/03.**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
President	Odalys Cordero	13760 SW 38 <sup>th</sup> STREET.	Miami, FL 33175

**REINSTATEMENT 02-03**  
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**10. I certify that I am an officer or director or trustee empowered to execute this application as provided for in Chapter 001, F.S. If further certification is required in filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 0.001 or 1.001, F.S., 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 11.00(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]** Date **6/10/03.** Daytime Phone # **(305) 525-5896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E08 (10/02)