

#183.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 18 PM 1:34

DOCUMENT # N04000000077

1. Corporation Name
Odessa Educational Park of Yesteryears, Inc

2. Principal Office Address - No P.O. Box # 29210 Caddyshack Ln		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State San Antonio, FL		City & State Same	
Zip 33576	Country USA	Zip Same	Country

B2/19/08
REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida 1/05/2004	
5. FEI Number 200544297	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Diane V Kuenzel, Esq			
Street Address (P.O. Box Number is Not Acceptable) 4111 Land O' Lakes Blvd			
Suite, Apt. #, Etc. 302-D			
City Land O' Lakes	State FL	Zip Code 34639	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 1/25/08
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Janice K Rodda	29210 Caddyshack Ln	San Antonio, FL 33576
Director	Diane V Kuenzel	4111 Land O' Lakes Blvd	Land O' Lakes, FL 34639
Treasurer	Bruce M Szabo	1523 N Dale Mabry Hwy	Lutz, FL 33548
Director	Jay Feely	1560 NW 117th Ave	Plantation, FL 33323

10. 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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08 813 610 6648
Date Daytime Phone #