

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 AUG -8 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000007092**

**1. Corporation Name**

**O. D. C. J., INC.**  
**13305 NW 7 AVE**  
**MIAMI FL. 33168**

**2. Principal Office Address**

**13305 NW 7 AVE**

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

Zip

**33168**

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**12-15-98**

**5. FEI Number**

**65-0881350**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**JOANEL MERTILIEN**

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

**13305 NW 7 AVE**

Suite, Apt. #, Etc.

City

**MIAMI**

State  
**FL**

Zip Code

**33168**

**800007073338**  
**-08/13/02--01029--021**  
**\*\*\*140.00 \*\*\* 40.00**

**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

**X Joanel Mertilien**  
REGISTERED AGENT MUST SIGN

Date

**7/20/02**

**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
P/D	JOANEL MERTILIEN	13305 NW 7 AVE MIAMI FL. 33168	MIAMI FL. 33168
S/D	SILFIDA L. JOSEPH	942 NE 108 STREET	MIAMI FL. 33150
T/D	CLAUDIUS MERTILIEN	1450 NW 183 STREET	MIAMI FL. 33169

**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 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:

**Joanel Mertilien**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**6/13/02**

Daytime Phone #

CR2E081 (9/01)

js 8/1/02

O.D.C.J. INC  
13305 NW 7<sup>TH</sup> AVE  
MIAMI, FL. 33168

06/12/02

Florida Division of Corporations

REF: Document Number N98000007092

Dear Sir/Madame.

Please reconsider the charge for late filing of the Renewal of the Corporation. As a non-profit corporation, I did not know that we were obliged to renew. Kindly accept the enclosed check in the amount of \$ 140.00, which represents the two years 2001 and 2002.

Thanking you kindly,

  
Joanel Mertilien  
President