

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000078711**

1. Corporation Name

ODD JOBS ETC..., INC.

Principal Place of Business

**16406 88TH RD. NORTH
LOXAHATCHEE FL 33470**

Mailing Address

**16406 88TH RD. NORTH
LOXAHATCHEE FL 33470**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/2000

5. FEI Number

05-1033859

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/T	MARK S GIORDANO	16406 N 88TH RD	LOXAHATCHEE, FL. 33470
V/S	CHARITY GIORDANO	16406 N 88TH RD	LOXAHATCHEE, FL. 33470
			0000004672790--5 -11/08/01--01061--009 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

**GIORDANO, CHARITY D
16406 88TH RD. NORTH
LOXAHATCHEE FL 33470**

9. Name and Address of New Registered Agent

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

Charity Giordano
REGISTERED AGENT MUST SIGN

Date

10/17/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 561 333 8593

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FILED

01 OCT 22 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (8/01)

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ODD JOBS ETC..., INC.

16406 88th Rd. N.
Loxahatchee, Fl. 33470
Phone (561) 333-8593

October 17, 2001

Dear Department of State,

Re: Application of Reinstatement.

This was the first year of business for Odd Jobs Etc... under corporation and I was under the impression that the annual reports would be sent. I did not receive this report this year therefore, I did not know it was due. I would like to return this corporation to "active" status. Sorry for the inconvenience. Thank you.

Sincerely,

Mark S. Giordano, Pres.