

**02-03**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN -2 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000043523**

1. Entity Name

**ODAAAT, Inc**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3210 SE 2nd Street**

Suite, Apt. #, etc.

3. Mailing Address

**3210 SE 2nd Street**

Suite, Apt. #, etc.

City & State

**Boynton Beach FL**

City & State

**Boynton Beach FL**

4. FEI Number

**65-1097869**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Mark Kfall**

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

**616 E Atlantic Ave**

City

**Delray Beach**

FL

Zip Code

**33483**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President, Secretary, Treas**  
**Raymond A. Allone**  
**3210 SE 2nd St**  
**Boynton Beach, FL 33435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President**  
**Linda J. A. Allone**  
**3210 SE 2nd Street**  
**Boynton Beach, FL 33435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **Linda A. Allone Vice President**

**5/26/03**

**561-213-1380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

**DO NOT WRITE IN THIS SPACE**

*g 6/3*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000043523

**1. Corporation Name**

ODAAT, Inc.

**2. Principal Office Address**

3210 SE 2nd Street

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33435

Country

USA

**3. Mailing Office Address**

3210 SE 2nd Street

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33435

Country

USA

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

**5. FEI Number**

65-1097869

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

Mark Krall

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

616 E. Atlantic Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

**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

*Mark Krall*  
REGISTERED AGENT MUST SIGN

Date

3/31/03

**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
PST	Raymond Avallone	3210 SE 2nd Street	Boynton Beach, FL 33435

**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:

*Raymond Avallone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Avallone  
President

Date

3/31/03 - 571-213-7380

Daytime Phone #

CR2E081 (10/02)

gr 6/3

# ODAAAT, INC.

**3210 SE 2<sup>nd</sup> Street, Boynton Beach, Florida 33435**  
**561-213-1380**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Odaat, Inc. Reinstatement  
FIN: 65-1097869

Dear Sir/Madam:

I have enclosed a Corporation Reinstatement Form and a Uniform Business Report for the above referenced corporation. I am requesting a reinstatement of the corporation and a reduction in fees. We had severe problems with this business due to the partners keeping records from us. We were unable to get any kind of accounting on this business until March of this year. Our partners in this business had failed to file this report. The partnership is dissolved. I am requesting an abatement of fees because as soon as this corporation is reinstated we will be filing the necessary tax returns and dissolving this business within the next 3 months. I appreciate any help you can give me.

Sincerely,

A handwritten signature in cursive script, reading "Linda J. Avallone". The signature is written in dark ink and is positioned to the right of the word "Sincerely,".

Linda J. Avallone  
Vice President  
Odaat, Inc.