

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P01000068220**

1. Corporation Name

**ORDNANCE DISPOSAL INTERNATIONAL CORPORATION**

Principal Place of Business

2240 BELLEAIR RD.  
SUITE 115  
CLEARWATER FL 33764  
US

Mailing Address

2240 BELLEAIR RD.  
SUITE 115  
CLEARWATER FL 33764  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/05/2001

5. FEI Number

59-3754357

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
D	EDELMANN, STEVE J	2301 M ST., NW, SUITE 400	WASHINGTON DC 20037
D	GREEN, DAVID M	2 WATER OAKS WAY	NAPLES FL 34105

000024488190  
11/06/03--01048--016 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREEN, DAVID M.  
2 WATER OAKS WAY  
NAPLES FL 34105

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. or 617.0505, F.S.

Signature of  
Registered Agent

DAVE GREEN

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/3/03

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:

STEVE

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03

Date

202-725-5

Daytime Phone #

CR2E040 (7/03)

## ORDNANCE DISPOSAL INTERNATIONAL CORPORATION

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Headquarters  
2240 Belleair Road  
Suite 115  
Clearwater, FL 33764  
(757) 507-7550/7570  
FAX (757) 507-7578

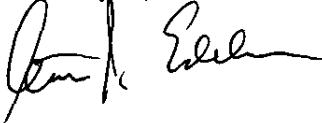
2301 M Street, NW  
**Suite 400**  
Washington, DC 20037  
(202) 785-2791  
FAX (202) 785-2791

Florida Department of State  
Glenda E. Hood  
Secretary of State, Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

I recently received a Notice of Administrative Dissolution or Revocation from your office but to my knowledge, ODI did not receive prior notification of this impending action and therefore I request that the \$600.00 reinstatement fee be waived. Enclosed please find a check for \$150.00 (\$61.25 Annual Report Fee and \$88.75 Corporate Supplement Fee).

Thank you,



Steven J. Edelmann  
President  
Ordnance Disposal International, Inc.