

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000077391

1. Corporation Name

ODYSSEY Services INC

year 2002 REINSTATEMENT 02-03

2. Principal Office Address

6400 N Andrews Ave

Suite, Apt. #, etc.

200

City & State

FT Lauderdale FL

Zip

33309

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/01

5. FEI Number

65-1132072

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

Mordecai B. Diner

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

17682 Sep Lake Dr

Suite, Apt. #, Etc.

City

Box A Raton, FL

State

FL

Zip Code

33498

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 10/13/03

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
Pres	Michael Lassar	3610 Yacht Club Dr	Aventura FL 33180
Sec	"	3610 Yacht Club Dr	Aventura FL 33180

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:

Michael Lassar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

3614813497

Daytime Phone #

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P010000.77391

1. Corporation Name

Odyssey Services Inc

Year 2003

2. Principal Office Address

6400 N Andrews Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

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6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mordecai Buoner

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

17682 Sea Lakes Ar

Suite, Apt. #, Etc.

City

Boca Raton FL

State

FL

Zip Code

33498

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

Mordecai Buoner

Date

10/12/05

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
Pres	Michael Lasser	3610 Yacht Club Dr	Aventura FL 33180
Sec	"	3610 Yacht Club Dr	Aventura FL 33180

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:

Michael Lasser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/05

Daytime Phone #

561 923 3499

ACCOUNTING OFFICES
BUDNER & ASSOCIATES INC.
17682 SEALAKES DRIVE
BOCA RATON, FLORIDA 33498
TEL & FAX (561)-482-3499

October 13, 2003

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Odyssey Services Inc.
P01000077391
2002 and 2003

Gentlemen:

I am the accountant for Odyssey Services Inc. While I was preparing the corporations federal income tax return I found that there was no entry to Department of State for the 150.00 for last year and this year.

I contacted Mr. Lassner and asked him. He said that he did not remember receiving the forms for the last two years.

I checked all of his files and I too couldn't find them. It then dawned on me, he moved two times since his corporation was formed.


The corporation moved from 3260 NW 23rd Avenue, to 3610 Yacht Club Dr Aventura, FL and from there to the current address 6400 N Andrews Ave, Ft. Lauderdale, FL 33309.

I am enclosing my client's check in the amount of \$300.00 to cover the two years that there was no filing.

I hope that this will be satisfactory to the department. If you think about it, it would be ridiculous for the corporation not to pay the annual bill when it comes in at 150.00 instead of 550.00. This was a case of never receiving the forms because of moving the business twice in 2 years.

If you need any additional information please contact my office.

Very truly yours,



Budner & Associates Inc.
Mordecai Budner