

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 OCT 17 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000121889

1. Corporation Name

SLEW THE ODDS, INC.

Principal Place of Business

Mailing Address

7436 MOLOKAI ST.  
ORLANDO FL 32822

7436 MOLOKAI ST.  
ORLANDO FL 32822



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

5817 LAKE CHAMPLAIN DR.

3. New Mailing Office Address, If Applicable

5817 LAKE CHAMPLAIN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLA

City & State

ORLANDO, FL

Zip

32829

Country

ORANGE

Zip

32829

Country

ORANGE

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/2001

5. FEI Number

03-0393080

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	DELANO, LINDA	7436 MOLOKAI ST. 5817 LAKE CHAMPLAIN DR.	ORLANDO FL 32822 32829

500023865925  
10/17/03--01002--004 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DELANO, LINDA  
7436 MOLOKAI ST. 5817 LAKE CHAMPLAIN DR.  
ORLANDO FL 32822 32829

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-12-03

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-03

Date

Daytime Phone #

(407)  
482-2719

CR2E040 (7/03)