

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 20 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000007370

1. Corporation Name

ODIN USA CORP.

Principal Place of Business

431 LAYNE BLVD
HALLANDALE FL 33009

Mailing Address

431 LAYNE BLVD
HALLANDALE FL 33009

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

01/22/2002

5. FEI Number

02-0579787

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
DP	OPPERMANN, BJORN	431 LAYNE BLVD	HALLANDALE FL 33009
DV	OPPERMANN, BENT	431 LAYNE BLVD	HALLANDALE FL 33009

000024889300
11/20/03--01060--026 **150.00

8. Name and Address of Current Registered Agent

OPPERMANN, BJORN
431 LAYNE BLVD
HALLANDALE FL 33009

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. or 617.0505, F.S.

Signature of
Registered Agent

Bent Oppermann
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/07-2003

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:

Bent Oppermann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/07-2003 954-296-0413
Daytime Phone #

CR2E040 (7/03)

ODIN USA CORP.

November 7, 2003

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

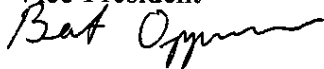
RE: Odin USA Corp.

Dear Sirs:

Pursuant to your instructions, I am hereby stating that I did not receive the two prior uniform business report notices. Accordingly, I am respectfully requesting that my corporation referenced above be reinstated without assessing a penalty. Please find enclosed the signed application for reinstatement and \$150.00 check. Please call me at 954-296-0413 if you have any questions.

Sincerely,

Bent Oppermann
Vice-President



Vice-President
Bent Oppermann