

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P02000071096</b> 1. Entity Name ODA VENTURES, INC.	
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Principal Place of Business 520 GETTYSBURG TERRACE PLANTATION, FL 33325	Mailing Address 520 GETTYSBURG TERRACE PLANTATION, FL 33325
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

**APPROVAL AND FILED**  
**REINSTATEMENT**  
 04 DEC 14 AM 11:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 11022004 REINSTATEMENT BY CO STATE  
 TALLAHASSEE, FLORIDA  
 RA



6. Name and Address of Current Registered Agent  MISICK, KATHY-ANN 520 GETTYSBURG TERRACE FORT LAUDERDALE, FL 33325	7. Name and Address of New Registered Agent Name <b>MISICK, CHARLES W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 GETTYSBURG TERRACE</b> City <b>PLANTATION</b> FL <b>33325</b>
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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]* **CHARLES W. MISICK** DATE **Dec 1/04**

Signature, typed or printed name of registered agent if title inapplicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MISICK, CHARLES W 520 GETTYSBURG TERRACE PLANTATION, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MISICK, KATHY-ANN 520 GETTYSBURG TERRACE PLANTATION, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **CHARLES W. MISICK** DATE **Dec 1/04** DAYTIME PHONE # **6499465807**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #