

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P03000007012

1. Entity Name
ODIE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 14 PM 4:42

Principal Place of Business
4247 W. KENNEDY BLVD.
TAMPA, FL 33609

Mailing Address
4247 W. KENNEDY BLVD.
TAMPA, FL 33609

REINSTATEMENT 04-05



2. Principal Place of Business

4251 W. Kennedy Blvd

3. Mailing Address

4251 W. Kennedy Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242005

REIN-P

CR2E098 (6/04)

City & State

Tampa Florida

City & State

Tampa, Florida

Zip 33609

Country USA

Zip 33609

Country USA

4. FEI Number

56-2311730

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name R. Terry Raphael

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

19516 Crescent Road

City Odessa

FL

Zip Code 33556

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 obligation of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PTD
NAME KARABAJAKIAN, ALEX
STREET ADDRESS 4247 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA, FL 33609

☐ Delete

TITLE VSD
NAME RAPHAEL, R. TERRY
STREET ADDRESS 4247 W. KENNEDY BLVD.
CITY-ST-ZIP TAMPA, FL 33609

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 4251 W. Kennedy Blvd
STREET ADDRESS Tampa, FL 33609
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME 4251 W. Kennedy Blvd
STREET ADDRESS Tampa, FL 33609
CITY-ST-ZIP

☒ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

R. Terry Raphael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05

Date

8138101398

Daytime Phone #