

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAY 13 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000116867

1. Corporation Name

EXCLUSIVE ODYSSEYS INC

2. Principal Office Address - No P.O. Box #

9 SW 13TH STREET

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33315

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

200155897632  
05/13/09--01031--027 \*\*150.00

REINSTATEMENT 02-09

4. Date Incorporated or Qualified  
To Do Business in Florida 10/20/2003

5. FEI Number  
20-1548117

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

TOM ANDREWS

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

9 SW 13TH STREET

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33315

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date 05/08/2009

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
DP	BRAD MOMSEN	7812 SHIRLY STREET	OMAHA, NE 68124
			05-13-09 -01031 030 \$150
			05-13-09 01031 029 \$150

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 filling 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 contained in Chapter 119, 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:

*Brad Mosen*

BRAD MOMSEN

05/08/09

954-764-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #