

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000105459

FILED
Oct 08, 2009
Secretary of State

Entity Name: ODYSSEY PROCESS SERVICE INC.

Current Principal Place of Business:

1461 NE 169TH STREET #327
N MIAMI BEACH, FL 33162

New Principal Place of Business:

3615 NE 207TH STREET
UNIT 3303
AVENTURA, FL 33180

Current Mailing Address:

1461 NE 169TH STREET
327
N MIAMI BEACH, FL 33162

New Mailing Address:

3615 NE 207TH STREET
UNIT 3303
AVENTURA, FL 33180

FEI Number: 42-1711846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALI, HASSAN
1461 NE 169TH STREET
327
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

ALI, HASSAN
3615 NE 207TH STREET
UNIT 3303
AVENTURA, FL 33180 US

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.

SIGNATURE: HASSAN ALI

10/08/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALI, TYRON B
Address: 5136 N CARLISLE STREET
City-St-Zip: PHILADELPHIA, PA 19141

Title: P () Delete
Name: ALI, HASSAN
Address: 1461 NE 169TH STREET #327
City-St-Zip: N MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ALI, HASSAN
Address: 3615 NE 207TH STREET, UNIT 3303
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HASSAN ALI

P

10/08/2009

Electronic Signature of Signing Officer or Director

Date