

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 22 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000022596**

1. Corporation Name

**ODYSSEY II, INC.**

Principal Place of Business

10111 HAMPTON PLACE  
TAMPA FL 33618  
US

Mailing Address

10111 HAMPTON PLACE  
TAMPA FL 33618  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**13415 N. Nebraska Ave**  
Suite, Apt. #, etc.  
**Tampa, FL**  
City & State

3. New Mailing Office Address, If Applicable

**13415 N. Nebraska Ave**  
Suite, Apt. #, etc.  
**Tampa, FL**  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/21/1995**

5. FEI Number

**59-3387219**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>D</b>	<b>MATASSINI, PASQUALE (PAT)</b>	<b>10111 HAMPTON PLACE</b>	<b>TAMPA FL</b>
<b>D/S</b>	<b>RICHARD BARRETT</b>	<b>13415 N. Nebraska Ave.</b>	<b>Tampa, FL</b>
<b>D/P</b>	<b>BRENDA BARRETT</b>	<b>13415 N. Nebraska Ave.</b>	<b>Tampa, FL</b>

**REINSTATEMENT**

**400002724114--6**  
**-12-15-98--01003--001**  
**\*\*\*050.00 \*\*\*750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MOONEY, MARK**  
**1211 W FLETCHER AVE**  
**TAMPA FL 33612**

Name

**Gary Hutton**

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

**13415 N. Nebraska Ave.**

Suite, Apt. #, Etc.

City

**Tampa**

State

**FL**

Zip Code

**33612**

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.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
**REGISTERED AGENT MUST SIGN**

Date

**12-15-98**

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

**SIGNATURE REQUIRED**  
**BRENDA A. BARRETT**

**12-17-98**

Date

Daytime Phone #

**713-952-2662**