

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 28 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000022596**

1. Corporation Name

ODYSSEY II, INC.

Principal Place of Business

**13415 N NEBRASKA AVE
TAMPA FL 33612
US**

Mailing Address

**13415 N NEBRASKA AVE
TAMPA FL 33612
US**

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

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 I

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	4 City / State / Zip
DST	BARRETT, RICHARD WILLIAM HEILER	13415 N NEBRASKA AVE	TAMPA FL 33612
DP	BARRETT, BRENDA LAURA FOSTER	13415 N NEBRASKA AVE	TAMPA FL 33612

600003090006--6
-01/06/00--01022--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~HUTTON, GARY~~ **LAURA FOSTER**
**13415 N NEBRASKA AVE
TAMPA FL 33612**

9. Name and Address of New Registered Agent

Name

LAURA FOSTER

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 **10/10/99**

11. 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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/99

Date

Daytime Phone #

KE