

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 7:03

DOCUMENT # P96000020351

1. Corporation Name

ODOR CONTROL SYSTEMS, INC.

Principal Place of Business

Mailing Address

5100 N. TAMiami TRAIL
SUITE 201
NAPLES FL 34103
US

5100 N. TAMiami TRAIL
SUITE 201
NAPLES FL 34103
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

4910 Tamiami Tr. N.

4910 Tamiami Tr. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

Suite 210

City & State

City & State

Naples, FL

Naples, FL

Zip

Zip

34103

Country

U.S.

34103

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1996

5. FEI Number

65-0649806

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	HAMILTON, MILES M	5100 N. TAMiami TRAIL, SUITE 201 4910 Tamiami Tr. N., Suite 210	NAPLES FL 34103

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SZEMPRUCH, DAVID J
5100 N. TAMiami TRAIN
SUITE 201
NAPLES FL 34103

Name

(Same)

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

4910 Tamiami Tr. N.

Suite, Apt. #, Etc.

Suite 210

City

Naples

State

FL

Zip Code

34103

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

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-2000

941-591-2000

CR2E040 (8/00)

Law Office
DAVID J. SZEMPRUCH, P.A.
Tanglewood Market Place
4910 Tamiami Trail N., Ste. 210
Naples, Florida 34103

David J. Szempruch

796
20351
(941) 261-8484
Fax (941) 261-1599
After hrs: (941) 649-4577
(2)

November 16, 2000

Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Odor Control Systems, Inc.

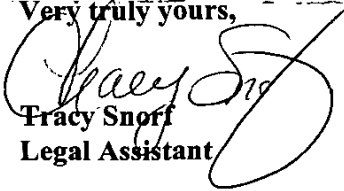
To whom it may concern:

Regarding the corporation referenced above, the Uniform Business Report was originally mailed in on April 13, 2000. I recently received a Notice of Dissolution for this corporation. I immediately called your office and they informed me they had mailed it back on April 24th due to an error on the check and had sent a second notice to follow up. I verified that letters were sent to the new address that was on the form. To this day our office has received neither of those letters.

Per your service reps instructions, I am enclosing the Application for Reinstatement along with a new correctly completed check in the amount of \$150.00.

If you should have any questions, please do not hesitate to call.

Very truly yours,


Tracy Snoff
Legal Assistant