

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # P97000075417

1. Corporation Name

ODIN PRODUCTIONS INC.

Principal Place of Business

12695 OLD CUTLER ROAD
CORAL GABLES FL 33156

Mailing Address

12695 OLD CUTLER ROAD
CORAL GABLES FL 33156

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1997

5. FEI Number

65-0777938

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PTD	YANEZ, EDUARDO	12695 OLD CUTLER ROAD	CORAL GABLES FL 33156

900002703729--1
-12/04/98--01104--005
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YANEZ, EDUARDO
12695 OLD CUTLER ROAD
CORAL GABLES FL 33156

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Eduardo Yanez

NOTICE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/25/98

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:

Eduardo Yanez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/98
Date

305-668-3341
Daytime Phone #

CR2E040 (9/89)

12695 OLD CUTLER RD
CORAL GABLES FL 33156-6359

DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

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REF: ODIN PRODUCTION INC.
DOCUMENT # P97000075417

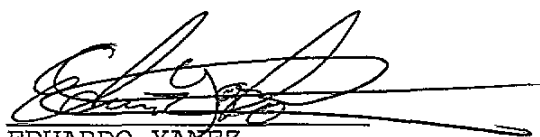
DEAR SIR OR MADAME:

I AM IN RECEIPT OF YOUR "CERTIFICATE OF ADMINISTRATIVE
DISSOLUTION OR REVOCATION" CORPORATE ANNUAL REPORT

DUE TO THE FACT THAT I AM A NEW BUSINESS OWNER, THE CORPORATE
ANNUAL REPORT IN QUESTION WAS NOT SUBMITTED NOT FOR A NEGLECT O
RESPONSIBILITY, BUT RATHER FOR NOT BEING PROPERLY ASSESSED BY MY
ACCOUNTANT. IN VIEW OF THIS CIRCUMSTANCE, I KINDLY REQUEST
CONSIDERATION IN THE WAIVING OF PENALTIES WITH THE ASSURANCE THAT
THIS OVERSIGHT WILL NEVER HAPPEN AGAIN.

ONCE AGAIN YOUR CONSIDERATION OF THIS MATTER IS GREATLY
APPRECIATED. PLEASE FEEL FREE TO CONTACT ME AT (305) 668-3341
SHOULD YOU HAVE ANY QUESTION

SINCERELY,



EDUARDO YANEZ
PRESIDENT