

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



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

FILED

01 DEC 31 AM 10:01

DOCUMENT # P97000089215

2001
4BR

1. Corporation Name

ODAM COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

~~1001 N FEDERAL HWY~~
~~STE 805~~
~~HALLANDALE FL 33009~~
~~US~~

~~1001 N FEDERAL HWY~~
~~STE 805~~
~~HALLANDALE FL 33009~~
~~US~~



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

2. New Principal Office Address, If Applicable

2213 SOUTH LAKE DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2213 SOUTH LAKE DR.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1997

5. FEI Number

65-0788191

Applied For

Not Applicable

City & State

FT. LAUDERDALE FLO

City & State

FT. LAUDERDALE FLO

Zip 33312

Country U.S.A.

Zip 33312

Country U.S.A.

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 | 4 City / State / Zip |
|---------------|---|--|--------------------------|
| P | FALARDEAU, MADELEINE | 2213 SOUTH LAKE DR | FORT LAUDERDALE FL 33312 |
| S | HARVEY, MICHEL | 2213 SOUTH LAKE DR | FORT LAUDERDALE FL 33312 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

000004769890--7
-01/11/02--01060--024
****150.00 ****150.00

8. Name and Address of Current Registered Agent

~~LAMOTTE, FERNAND~~
~~721 SE 17TH ST #200~~
~~FORT LAUDERDALE FL 33316~~

9. Name and Address of New Registered Agent

Name

MICHEL HARVEY

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

2213 SOUTH LAKE DR.

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33312

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

Michel Harvey
REGISTERED AGENT MUST SIGN

Date

12/28/01

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:

Michel Harvey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/01 954-986-4286
Date Daytime Phone #

CR2E040 (8/01)

20f2

Odam Communications Inc.

2213 South Lake Drive
Fort Lauderdale, Florida 33312
Téléphone: 954-683-2552
Télécopie : 954-966-7425
E-Mail: mharvey368@aol.com

December 28, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6367
Tallahassee, Fl 32314-6327

To whom it may concern,

The present letter is to inform you that it is in my interest to renew the corporation of my company with this application for reinstatement.

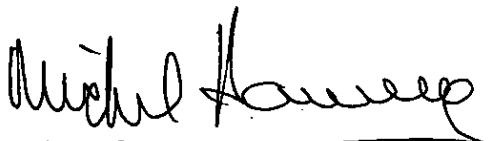
We have left the address at 1001 N Federal Hwy Ste 305 Hallandale Florida 33009 for more than 10 months and unfortunately, we have not received this formula for the renewal and nobody forwarded it to us.

I send you the sum of \$150. for the reinstatement.

If there are other questions on this subject do not hesitate to communicate with me since I intend to continue my professional activities.

Expecting everything at your satisfaction.

Yours truly,



Michel Harvey
President
Odam Communications, Inc.