

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

99-02 UBR
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 25 PM 4:00

DOCUMENT # *P98000050436*

Corporation Name

Emmet F. O'Donnell, Inc.

7661000028181

100004926581--1.

-02/14/02--01065--001

****650.00 ****650.00

1. Principal Office Address

3. Mailing Office Address

5576 Rambler Rose Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Bch, FL

Zip

Country

Zip

Country

33415

Palm Bch.

4. Date Incorporated or Qualified
To Do Business in Florida

6/5/98

5. FEI Number

65-0840738

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Emmet F. O'Donnell

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

5576 Rambler Rose Way

Suite, Apt. #, Etc.

City

West Palm Bch.

State

FL

Zip Code

33415

100004926581--1.

-02/14/02--01065--001

****650.00 ****650.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Emmet F. O'Donnell

Date *11/28/01*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Pres.</i>	<i>Emmet F. O'Donnell</i>	<i>5576 Rambler Rose Way</i>	<i>West Palm Bch, FL 33415</i>

AD

10. 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

Emmet F. O'Donnell

11/28/01

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMMET F. O'DONNELL, PRESIDENT

Page 2 of 2

Emmet F. O'Donnell
5576 Rambler Rose Way
West Palm Beach, Florida 33415
Phone: 561.242.0910
Cell: 561.262.4203

November 28, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Emmet F. O'Donnell, Inc. -- Corporation Reinstatement

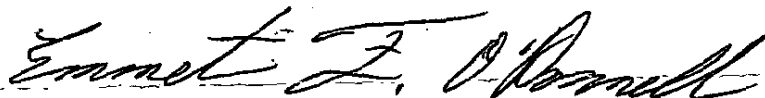
Dear Examiner:

The purpose of this letter is to request corporation reinstatement for Emmet F. O'Donnell, Inc. assigned document number P98000050436 and to request that reinstatement fees be waived due to the fact that I have moved various times since the existence of this corporation and did not receive annual reports. It has just now been brought to my attention that this corporation is inactive.

Your assistance in resolving this matter would be greatly appreciated.

If you have any questions or comments, concerning the foregoing, please feel free to contact me at the numbers listed above.

Best regards,



Emmet F. O'Donnell