

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076018

1. Corporation Name

Odyssey Construction Inc

2. Principal Office Address

16243 Aqueduct DR E

Suite, Apt. #, etc.

3. Mailing Office Address

16243 Aqueduct DR E

Suite, Apt. #, etc.

City & State

Loxahatchee FL

City & State

Loxahatchee FL

Zip

33470 USA

Zip

33470 USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-20-99

5. FEI Number

65-0944500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAGRETTA VASSELL-Jones

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

16243 Aqueduct DR East

Suite, Apt. #, Etc.

City

Loxahatchee

State
FL

Zip Code

33470

REINSTATEMENT

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

Magretta Vassell-Jones

REGISTERED AGENT MUST SIGN

Date 12-17-02

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
P/D/S	MAGRETTA VASSELL-Jones	16243 Aqueduct DR East	Loxahatchee FL 33470
V/D/T	Dudley Jones	16243 Aqueduct DR East	Loxahatchee FL 33470

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:

Magretta Vassell-Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-17-02 561-333-6000

Date

Daytime Phone #