PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

02 NOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV -6 AM 8:01

DOCUMENT # S 84396

**1.** Corporation Name

ODYSSY INTERNATIONAL, INC.

100008820421
11/06/02--01038--021 **8.75

100008820421
11/06/02--01038--022 **150.00

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 6272 N.W 110 terrace | | 6272 N.W 110 terrace | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Hialeah FL | | Hialeah FL | |
| Zip | Country | Zip | Country |
| 33012 | U.S.A | 33012 | U.S.A |

**4.** Date Incorporated or Qualified To Do Business in Florida: 10-02-1991

**5.** FEI Number: 650294053 ☐ Applied For ☐ Not Applicable

**6.** CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

**7.** Name and Address of Current Registered Agent

Name: FRANCISCO CHIRINO

Street Address (P.O. Box Number is Not Acceptable): 6272 N.W 110 terrace

Suite, Apt. #, Etc.:

City: Hialeah | State: FL | Zip Code: 33012

**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 _____ Date 10-31-2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

**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 | Ulises CHIRINO | 5148 N.W 112 ct | MIAMI FL 33178 |
| VP | FRANCISCO CHIRINO | 6272 N.W 110 terrace | HIALEAH FL 33012 |
| ST | MARTA R. CHIRINO | 6272 N.W 110 terrace | HIALEAH FL 33012 |
| | | | |
| | | | |
| | | | |

**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: _____ 10-31-02 305-216-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/14/02

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ODYSSY INTERNATIONAL

October 31, 2002

To whom it may concern
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

SUBJECT: ODYSSY INTERNATIONAL S84396

This is to inform you that I have not received the (UBI) Uniform Business Report as of October 31, 2002. At this time we would like to reinstate the corporation. Please accept this letter as confirmation of such. We have enclosed a check for $150.00 as per your instructions. As well as a separate check for $8.75 for a certificate status.

If you have any questions please do not hesitate to contact me at 305-216-0099

Sincerely,

Francisco Chirino, VP
cc: File

ODYSSY INTERNATIONAL
6272 NW 110 TERRACE
HIALEAH, FLORIDA 33012
305-513-9390