

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 22 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003091

1. Corporation Name

OK'S CASCADE, INC.

Principal Place of Business

16372 177TH AVENUE SE
MONROE WA 98272

Mailing Address

16372 177TH AVENUE SE
MONROE WA 98272



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1903720

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	ALKER, DANIEL Phil Dactwyler	15838 FOLTZ INDUSTRIAL PKWY	CLEVELAND OH 44149
VP G-M	MCINTYRE, WADE	16372 - 177TH AVE S E	MONROE WA 98272
CFO	KNUBEL, WAYNE Tony Lucarelli	15830 FOLTZ INDUSTRIAL PKWY	CLEVELAND OH 44149

900009176589
11/22/02 01087 006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HOWARD, HAROLD M~~
ROUTE 4, BOX 292
CHIEFLND FL 32626

Mark McWilliams
20W S. Ocean Dr
Fort Lauderdale, FL
33316

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (6/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/13/02

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02

Daytime Phone #

360-794-0700



Mobile Solutions. We make it happen

November 7, 2002

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir:

Enclosed please find our application for reinstatement and our check for the \$150.00 fee.

This is to attest that prior UBR notices have not been received by our office and to request a waiver of additional penalties and fees.

Sincerely,

A handwritten signature in black ink, appearing to read "Wade McIntyre". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Wade McIntyre,
General Manager