

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED

01 OCT 18 PM 12: 32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **729935**

1. Corporation Name

OKEECHOBEE COUNCIL ON AGING, INC.

Principal Place of Business

Mailing Address

230 S BARFIELD HWY
 PAHOKEE FL 33476

230 S BARFIELD HWY
 PAHOKEE FL 33476



100004655671--7
 -10/26/01-01077-015

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 Organized To Do Business in Florida
 06/13/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1544835

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
SD	WATSON, JOANN	2001 SW 3RD AVE	OKEECHOBEE FL
D	STONER, MARTHA	3513 SE 35TH AVE	OKEECHOBEE FL
D	HEALEY, MARY	1350 NE 39TH BLVD.	OKEECHOBEE FL
D	Brocato MAXCINE	1732 SW 35TH CIR	OKEECHOBEE FL
PD	AKINS, KENNETH	7950 HWY. 78	OKEECHOBEE FL
VD	COWIN, MYRTLE	4351 SE 26TH ST	OKEECHOBEE FL 34974

8. Name and Address of Current Registered Agent

MCKIBBEN, R. BRUCE JR.
 1301 MICCOSUKEE RD.
 TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, etc.
 City
 State
 Zip Code

REINSTATEMENT 01/15

FL

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

RB SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

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 1000046.55 *****61.25
 Date 10-12-01

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:

Maxcine Brocato
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01 561-984-5561
 Date Daytime Phone #

CR2E040 (8/01)

Okeechobee Council on Aging
230 South Barfield Highway
Pahokee, Florida 34972

Board Member;

Merle Pollack
3107 South East 37th Avenue
Okeechobee, Florida
467-1825