PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT #   L01000015934
Name and Mailing Address

0001667 01 AT 0.292 **AUTO   TB 0 0615 32216-632432

OK PRODUCTS LLC
8232 HIDDEN LAKE DR S
JACKSONVILLE FL 32216-6324

2. New Mailing Address	4. State/Country of Formation FL
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida 09/13/2001

Principal Place of Business 8232 HIDDEN LAKE DR S JACKSONVILLE FL 32216	3. New Principal Place of Business Address	6. FEI Number APPLIED FOR	Applied For / Not Applicable
	City, State, Zip	7. CERTIFICATE OF STATUS DESIRED ☐	$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SLOAN, THEODORE R 8232 HIDDEN LAKE DR S JACKSONVILLE FL 32216	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

500025868865
12/31/03--01012--002 **150.00

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ REQUIRED _____   Date _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SLOAN, THEODORE R	8232 HIDDEN LAKE DR S	JACKSONVILLE FL 32216

REINSTATEMENT 03

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manage _____ REQUIRED _____   Date _____   Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

CR2E034 (7/03)