

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 PM 5: 35

DOCUMENT # 102000022306

1. Corporation Name

OKEECHOBEE HOTEL HOLDINGS, LLC

2. Principal Office Address

c/o 412 N. Halifax Ave. same

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32118

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/28/02

5. FEI Number

☒ 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

Boggie Hanczaruk

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

c/o 412 N. Halifax Ave.

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

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

REGISTERED AGENT MUST SIGN

Date 12/02/03

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
MGRM	Boggie Hanczaruk	c/o 412 N. Halifax Ave.	Daytona Beach, FL 32118
MGRM	Hanin Sarafa	c/o 412 N. halifax Ave.	Daytona Beach, FL 32118

REINSTATEMENT

03 Dec
dec

FF 135.00
OP 603.75

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:

Boggie Hanczaruk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/03

Date

(386) 252-6408

Daytime Phone #

TELEPHONE (386) 252-6408
FAX (386) 255-9068

LAWRENCE W. BURNS, P.A.
Attorney at Law

412 NORTH HALIFAX AVENUE, DAYTONA BEACH, FLORIDA 32118

December 4, 2003

VIA: FEDEX

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee FL 32399

RE: OKEECHOBEE HOTEL HOLDINGS, INC.


Dear Sir/Madam:

Enclosed please find original corporation reinstatement and my check in the amount of \$758.75 to cover the filing fee for reinstating the above referenced corporation.

Please file the reinstatement as soon as possible as time is of the essence.

Thank you for your cooperation and assistance in this matter.

Yours very truly,


Lawrence W. Burns

LWB/mm

Enclosures: per above