

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD 2000022306

1. Limited Liability Company's Name
OKEECHOBEE HOTEL HOLDINGS LLC

600162796676
11/13/09--01023--003 **516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>3652 SW 30TH AVE</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>PALM CITY, FL</u>		City & State	
Zip <u>34990</u>	Country <u>USA</u>	Zip	Country

4. State/Country of Formation <u>FLORIDA USA</u>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEL Number <u>27-029208</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name <u>BOGGIE HANCZARUK</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>3652 SW 30TH AVE</u>		
Suite, Apt. #, Etc.		
City <u>PALM CITY</u>	State <u>FL</u>	Zip Code <u>34990</u>

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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 <u>[Signature]</u>	Date <u>11/12/09</u>
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEM</u>	<u>BOGGIE HANCZARUK</u>	<u>3652 SW 30TH AVE</u>	<u>PALM CITY, FL 34990</u>

REINSTATEMENT 07-09
[Signature]

11. E-mail Address: _____ (To be used for future annual report notifications)	
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/Manager <u>[Signature]</u>	Date <u>11/12/09</u> Daytime Phone # <u>321-305-1584</u>
Typed or printed name of signing Managing Member/Manager _____	