

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L13000000022

1. Limited Liability Company's Name

DRK OF OKLAHOMA, LLC

2. Principal Office Address - No P.O. Box #

1222 FORRESTER AVE

Suite, Apt. #, etc.

City & State

IMMOKALEE, FL

Zip

34142

Country

USA

3. Mailing Office Address

1222 FORRESTER AVE

Suite, Apt. #, etc.

City & State

IMMOKALEE, FL

Zip

34142

Country

USA

**FILED**  
15 JAN 21 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

1/2/2013

6. FEI Number

47-2723565

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

RICHARD JOHNSON

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

1222 FORRESTER AVE

Suite, Apt. #, Etc.

City

IMMOKALEE, FL

State

FL

Zip Code

34142

000268614430  
01/21/15--01027--001 \*\*377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

*Richard Johnson*  
REGISTERED AGENT MUST SIGN

Date 1/13/2015

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	RICHARD JOHNSON	1222 FORRESTER AVE	IMMOKALEE, FL 34142

**REINSTATEMENT**

2014-2015

**S. HAWKES**

JAN 22 AM

**EXAMINER**

11. E-mail Address: rickjohn1962@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Richard Johnson*

Date 1/13/15

Daytime Phone # 239-657-5535

Typed or printed name of signing Authorized Representative/Manager