

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

03 DEC 29 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FL 32304

DOCUMENT # **L88633**

1. Corporation Name

OKEECHOBEE SERVICE PLAZA, INC.

REINSTATEMENT *07*

Principal Place of Business

Mailing Address

398 WEST 9TH STREET
HIALEAH FL 33010

398 WEST 9TH STREET
HIALEAH FL 33010



300024875663
11/20/03--01002--023 **750.00

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 Qualified
To Do Business in Florida

07/24/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0209724

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVP	AROCHENA, WILLIAM	640 W 72ND PL	HIALEAH FL
T	AROCHENA, MAIDA	640 WEST 72ND PL	HIALEAH FL
S	AROCHENA, DINORAH	6423 COLLINS AVENUE APT. 603	MIAMI FL 33141

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AROCHENA, MAIDA
640 WEST 72ND PL
HIALEAH FL 33014

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

William Arochena
Maida Arochena
REGISTERED AGENT MUST SIGN

Date 11/10/03

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:

Maida Arochena
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/03 (805) 885-8588
Date Daytime Phone #

CR2E040 (7/03)