

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000001069

APPLICATION FOR REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L98000001069

Name and Mailing Address

0004003 01 FP.0.352 **PRSR T2 0 0615 33413-100862

|||||

O.K. VENTURES, LLC
6562 BELVEDERE RD.
WEST PALM BEACH FL 33413-1008

FILED
2002 DEC 10 AM 9:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/14/1998	
Principal Place of Business 6562 BELVEDERE RD. WEST PALM BEACH FL 33413		6. FEI Number 65-0851951	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 LEDIS, STUART M 6562 BELVEDERE RD. WEST PALM BEACH FL 33413	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

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 *Stuart M. Ledis* Date 12/18/02

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
MGRM	LEDIS, STUART M	6562 BELVEDERE RD.	WEST PALM BEACH FL 33413

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 *Stuart M. Ledis* Date 12/18/02 Daytime Phone # 5417187162

Typed or printed name of signing Managing Member/Manager STUART M. LEDIS