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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 30 AM 8:24

1. **DOCUMENT #** L98000001069

Name and Mailing Address

0011918 01 AT 0.292 **AUTO T4 0 0615 33413-100862



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



2. New Mailing Address		4. State/Country of Formation FL	
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	3. New Principal Place of Business Address City, State, Zip	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
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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 **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 12/26/03

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

REINSTATEMENT

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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 **REQUIRED**

Date 12/26/03 Daytime Phone # 5617187162

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

CR2E034 (7/03)