

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 PM 2:32

DOCUMENT # L99000000533

1. Limited Liability Company's Name

OKEE, LLC

CR2E041 (12/07)

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

21 SWEET HOLLOW ROAD

Suite, Apt. #, etc.

C/O WEST HILLS DAY CAMP

City & State

HUNTINGTON, NY

Zip

11743

Country

USA

3. Mailing Office Address

21 SWEET HOLLOW ROAD

Suite, Apt. #, etc.

C/O WEST HILL DAY CAMP

City & State

HUNTINGTON, NY

Zip

11743

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

1-1-2008

6. FEI Number

20-2962890

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

EDWARD GERSH

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

7908 GLEN NEVIS TERRACE 99 SE Mizner Blvd. #819

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496-33432

☒ 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

Edward Gersh
REGISTERED AGENT MUST SIGN

Date

5/9/08

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>MR</u>	EDWARD GERSH	99 SE Mizner Blvd. #819 7908 GLEN NEVIS TERRACE	BOCA RATON, FL 33496-33432
<u>MRS</u>	HOLLY GERSH	99 SE Mizner Blvd. #819 7908 GLEN NEVIS TERRACE	BOCA RATON, FL 33496-33432

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REINSTATEMENT

11. 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

Edward Gersh

Date

5/9/08

Daytime Phone #

631-427-6700

Typed or printed name of signing Managing Member/Manager

EDWARD GERSH

of 561-368-1380