

L99000000533

PLEASE PRINT NAME AND ADDRESS OF AGENT BEFORE COMPLETING THIS FORM.

FILED**LIMITED LIABILITY
COMPANY
REINSTATEMENT****FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT #**

L99000000533

1. Limited Liability Company's Name

OKEE, LLC

700019683157
05/22/03--01003--022 **300.00

2. Principal Office Address

17476 Scarsdale Way

3. Mailing Office Address

4. State/Country of Formation

Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Date Organized or Qualified
To Do Business in Florida

1/29/99

City & State

Boca Raton, FL

City & State

6. FEI Number

Applied For

Not Applicable

Zip 33496

Country

Zip

Country

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status**B. Name and Address of Current Registered Agent**

Name

Lois Kaniuk

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

17674 Scarsdale Way

Suite, Apt. #, Etc.

City Boca Raton

State
FL

Zip Code

33496

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*Lois Kaniuk*

Date

4/30/03

LOIS KANIUK

REGISTERED AGENT MUST SIGN

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
MGR	Edward Gersh	7289 Gateside Drive	Boca Raton, FL 33496

REINSTATEMENT

00-03

Dec

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

4/30/03

Daytime Phone #

561 883 1859

Typed or printed name of signing Managing Member/Manager

EDWARD GERSH, MANAGER