


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000001235		
1. Entity Name REBUILDING OKEECHOBEE AFTER DISASTER, INC.		

Principal Place of Business 1600 SW 2ND AVENUE OKEECHOBEE, FL 34974	Mailing Address 1600 SW 2ND AVENUE OKEECHOBEE, FL 34974
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED** 182

06 OCT 23 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/1/06 90326 024 \$61.25

10112006 REIN-NP CR2E099 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
IRBY, FRANK 1385 SE 23 ST OKEECHOBEE, FL 34974		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

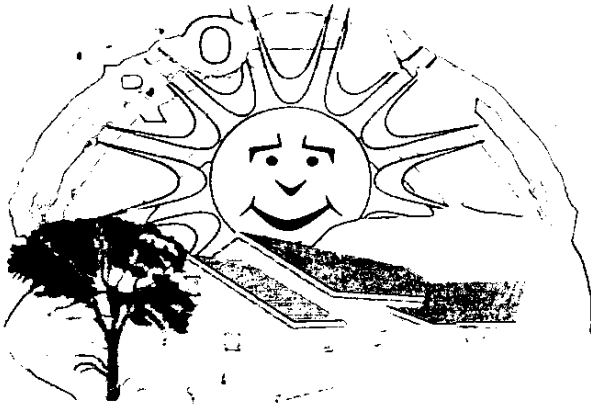
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD IRBY, FRANK 1385 SE 23RD ST. OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD BUSBIN, JENNIFER 1299 SW 39TH LANE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SAVAGE, SHELIA 1600 SW 2ND AVENUE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BELLEVILLE, MALINDA 1505 S. PARROTT AVE. OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Frank Irby FRANK IRBY 10/13/06 863-357-1639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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# **R.O.A.D.**

## **REBUILDING OKEECHOBEE AFTER DISASTER**

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1600 SW 2nd Avenue, Okeechobee, Florida 34974  
(863) 357-4177 • FAX (863) 357-1977

Date: 10/19/06  
From: Jim Vensel, Director  
Subject: Reinstatement

I write this memo as instructed by an agent spoken to on Monday 10/16/06.

Enclosed are canceled checks Rebuilding Okeechobee After Disaster indicating that we meet our yearly corporate obligation on April 27, 2006, prior to the May 1<sup>st</sup> deadline.

It was explained by the agent that we failed to put the FEI Number, which we were never notify of such until we received the dissolution notification.

We request that all or any late fees be waived since we meet the deadline.

Thank You

*Jim Vensel*  
Jim Vensel