

PLEASE READ ALL INSTRUCTIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -5 PM 1:48

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06677

1. Corporation Name

Okeechobee County Chamber of Commerce, Inc

600161356466
10/05/09--01071--013 **306.25

KS

2. Principal Office Address - No P.O. Box #
55 S. Parrott Ave

3. Mailing Office Address
55 S. Parrott Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee Florida

City & State

Okeechobee Florida

Zip

34972

Country

USA

Zip

34972

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 9-30-09

5. FEI Number
59-0748841

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Candace Burke

Street Address (P.O. Box Number is Not Acceptable)
55 S. Parrott Ave

Suite, Apt. #, Etc.

City
Okeechobee

State
FL

Zip Code
34972

☐ The 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 reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Candace Burke

Date 9-30-09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Matthew Buxton	2054 SW 3rd Street	Okeechobee/FL/34974
VPD	Dewey Lightsey	3197 NW 20th Trail	Okeechobee/FL/34974
TD	Colleen Thomas	300 N Parrott Ave	Okeechobee/FL/34972
SD	Candace Burke	55 S Parrott Ave	Okeechobee/FL/34972

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Dewey Lightsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-09
Date

863-763-6464
Daytime Phone #