

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50795

1. Corporation Name

OKEECHOBEE LIONS CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 89
OKEECHOBEE FL 34972
US

P O BOX 89
OKEECHOBEE FL 34973
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1992

5. FEI Number

65-0366516

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
MPV	HORACK, HARRY	2201 SW 28TH ST. (V-72)	OKEECHOBEE FL 34974
PD	SUMNER, ELDER	300 SW 3RD ST P.O. Box 566	OKEECHOBEE FL 34974 34973
PR	NAIRNEX, IAN JOHNIE M. KINSAIL	2201 SW 28TH ST., VILLA #71 P.O.B. 1033	OKEECHOBEE FL 34974 34973
STD	BASS, LAVON	2001 SW 5TH AVE.	OKEECHOBEE FL 34974
D	WILSON, JOHN MARK GRINDSTAFF	2200 SW 2ND ST 2768 NE 6th Court	OKEECHOBEE FL 34974 34972
D	MILES, GARY	274 SE 15TH AVE	OKEECHOBEE FL 34974

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HORACK, HARRY~~ LAVON BASS
~~2201 SW 28TH ST~~ 2001 SW 5th Avenue
~~V-72~~
OKEECHOBEE FL 34974

Name

LAVON BASS

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

2001 S W 5th Avenue

Suite, Apt. #, Etc.

200003500872--9

City

OKEECHOBEE

****245

State

FL 34974

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Lavon Bass

REGISTERED AGENT MUST SIGN

Date 11/29/00

11. 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 under section 119.07(3)(i), 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:

Elder Sumner
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/29/00

Daytime Phone #

Elder Sumner

CR2E040 (8/00)