

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 95000000191

1. Corporation Name

Okeechobee Correctional Leasing Corporation

2. Principal Office Address

2601 BlairStone Road

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32399-2500

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 97-04

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1995

5. FEI Number

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

Susan Stephens

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

2601 BlairStone Road

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32399-2500

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

Susan P. Stephens
REGISTERED AGENT MUST SIGN

Date

12-17-03

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
D/P	J. Ben Watkins, III	1801 Hermitage Blvd.	Tallahassee, FL 32308
D/S/T	Richard Prudom	2601 BlairStone Road	Tallahassee, FL 32399-2500
D/VP	Don Langston	Room 1702, The Capital	Tallahassee, FL 32399

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 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:

Richard Prudom

RICHARD PRUDOM

12/17/03

Date

410 4065

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)