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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 14 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500158570255

REINSTATEMENT

DOCUMENT # N95000000191

1. Corporation Name

Okeechobee Correctional Leasing Corporation

2. Principal Office Address - No P.O. Box #

2601 Blairstone Road

3. Mailing Office Address

2601 Blairstone Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32399-2500

Country

USA

Zip

32399-2500

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/12/1995

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

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 *Duwan P. Stephens*

REGISTERED AGENT MUST SIGN

Date 7-29-09

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
DST	Richard Prudom	2601 Blairstone Road	Tallahassee, FL 32399-2500
DP	Ben J. Watkins, III	1801 Hermitage Blvd.	Tallahassee, FL 32308
DV	Jerry McDaniel	400 South Monroe Street, The Capital	Tallahassee, FL 32399-0001

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/09 850-410-4131
Date Daytime Phone #

See Attached for it

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STATE OF FLORIDA * VOUCHER SCHEDULE DATE 08/05/2009 S-W/Agency Voucher No.
 OLO 700000 JT-2 D00-0006-3768
 DEPARTMENT DEPARTMENT OF CORRECTIONS 000547
 SITE C2 - COMMODITIES ACCOUNTS PAYABLE-JILL REYNOLDS "

CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	TRANS CODE
CFO ACCOUNT NAME			25	45
INVOICE	INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT
70101000361-7001020000-04000000		4990	481.25	
CORRECTIONS DEPT.-MANAGEMENT & EXPENSES				
INV: CR2E081	481.25			
45101000132-4530010000-00010000				481.25
GENERAL REVENUE FUND FEES				

TRANSACTION TYPE: JOURNAL ADVICE	TOTAL	TOTAL
	481.25	481.25

I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

For CFO Use Only

APPROVED: Jill P. Reynolds Jr

TITLE: Professional Accountant Specialist

Time In _____

Audited By _____