

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 APR 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003748

1. Corporation Name

OKEECHOBEE CORRECTIONAL EMPLOYEE'S CLUB, INC.

Principal Place of Business

Mailing Address

DEPT. OF CORR. OKEE. CORRECTNL INST.
POST OFFICE BOX 1984
OKEECHOBEE FL 34972-2

DEPT. OF CORR. OKEE. CORRECTNL INST.
POST OFFICE BOX 1984
OKEECHOBEE FL 34972-2



REINSTATEMENT 01-02

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-00-00545-084

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
T	FRANZA, J M Moncrief, William	POST OFFICE BOX 1984 3420 NE 168th St.	OKEECHOBEE FL 34972-2
T	WHITE, DENISE Darden, Donna L.	PO BOX 1984	OKEECHOBEE FL 34972-2
T	STOKES, BARBARA D	PO BOX 1984	OKEECHOBEE FL 34972-2
T	Eades, Richard		600005393046-1 -04/30/02-01060-012 ****131.25 ****131.25
			600005393046-1 -04/30/02-01060-013 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-30-01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-30-01

Daytime Phone #

CR2040 (8/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 12, 2002

OKEECHOBEE CORRECTIONAL EMPLOYEE'S CLUB, INC.
3420 N.E. 168TH ST.
OKEECHOBEE, FL 34972

SUBJECT: OKEECHOBEE CORRECTIONAL EMPLOYEE'S CLUB, INC.
Ref. Number: N98000003748

We have received your document for OKEECHOBEE CORRECTIONAL EMPLOYEE'S CLUB, INC. and check(s) totaling \$175.00. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2001 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is \$297.50. Add an additional \$8.75 for each certificate of status requested.

The Federal Employer Identification number is comprised of nine digits. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 102A00008551