PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 18 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

DOCUMENT # P00000063982

1. Corporation Name

OKEECHOBEE LAND COMPANY

Principal Place of Business	Mailing Address
~~11380 PROSPERITY FARMS RD. SUITE 201 PALM BEACH GARDENS FL 33410~~	~~11380 PROSPERITY FARMS RD. SUITE 201 PALM BEACH GARDENS FL 33410~~

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
251 E. Main St.	P O Box 398
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pahokee, Fl	City & State: Pahokee, Fl
Zip: 33476 Country: USA	Zip: 33476 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/03/2000

5. FEI Number: APPLIED FOR 65-1033077 ☐ 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
~~P~~	~~PEREZ, EMILIO~~	~~998 BOX~~	~~PAHOKEE FL 33476~~
P	Perez, Gonzalo	251 E Main St.	Pahokee, Fl 33476
VP	Perez, Sara	251 E. Main St.	Pahokee, Fl 33476

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12/18/02--01037--015 **750.00

8. Name and Address of Current Registered Agent

~~HELGESEN, ANDREW~~
~~246 EAST MAIN STREET~~
PO BOX 398
PAHOKEE FL 33476

9. Name and Address of New Registered Agent

Name: Sara Perez
Street Address (P.O. Box Number is Not Acceptable): 251 E. Main St.
Suite, Apt. #, Etc.:
City: Pahokee State: FL Zip Code: 33476

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 12/3/02
REGISTERED AGENT MUST SIGN

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 12/3/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #