


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000055199	
1. Entity Name OKAY DEALS INC.	

FILED

09 MAY -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7891 WEST FLAGLER, #224 MIAMI, FL 33144	Mailing Address 7891 WEST FLAGLER, #224 MIAMI, FL 33144
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2. Principal Place of Business - No P.O. Box # 1116 NW 136 Ave	3. Mailing Address 1116 NW 136 Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

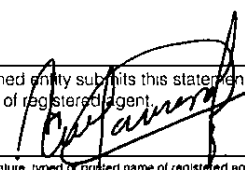
04272009 REIN-P CR2E098 (1/07)

City & State MIAMI FL	City & State MIAMI FL
Zip 33182	Country U.S.A.
Zip 33182	Country U.S.A.

4. FEI Number 04-3671367	Applied For Not Applicable
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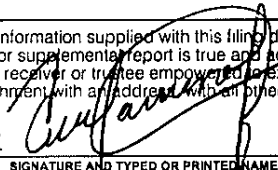
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARRERO, ARMANDO 7891 WEST FLAGLER, #224 MIAMI, FL 33144	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1116 NW 136 Ave City Miami FL Zip Code 33182
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 04-10-09
Daytime Phone #