

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000112242**

1. Corporation Name

OK CONSULTING AGENCY, INC.

Principal Place of Business

1506 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

Mailing Address

1506 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8455 Concord Blvd. W.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME as Block 2

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/2002

5. FEI Number

05-0536087

Applied For

Not Applicable

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32208

Country

USA

Zip

32208

Country

USA

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

300023748553
10/13/02--01058--006 **150.00

P. EVELYN D. Lee

8455 Concord Blvd. W.

JACKSONVILLE, FL, 32208

8. Name and Address of Current Registered Agent

HOWARD, D. LAWRENCE
1506 PRUDENTIAL DRIVE, SUITE 209
JACKSONVILLE FL 32207

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. or 617.0505, F.S.

Signature of
Registered Agent

D. Lawrence Hood

Date

10/10/03

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:

Evelyn D. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-10-03

Daytime Phone #

(904)655-1234

CR2E040 (7/03)

Phone (904) 396-9963
Fax (904) 396-9983
E-mail: aad@aad.attbbs.net

D. LAWRENCE HOWARD, P.A.
Attorney at Law

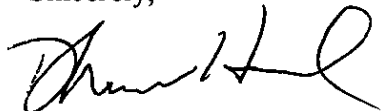
1506 Prudential Drive
Suite 209
Jacksonville, FL 32207

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

Please be advised that my client, OK Consulting Agency, Inc. respectfully requests that you waive the reinstatement fee of \$600.00. My client neither received the annual report nor had knowledge that upon a change of address the department was to be notified. I have enclosed the Occupational License and Insurance policy which provides the actual address of the business which is 8455 Concord Blvd. West, Jacksonville, FL 32208. This oversight resulted not from my client's actions or my own, but as a result of my former secretary, Misty Salvatore, who has now been dismissed for these and other failures to follow office procedures. Thank you for attention to this matter. With kindest personal regards, I am

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Lawrence Howard', written in a cursive style.

D. Lawrence Howard