

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

98 MAR 18 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p9200000 8212**

1. Corporation Name

OKEECHOBEE ENTERPRISES

Principal Place of Business

Mailing Address

**7050 MIRAFLORES AVE.
CORAL GABLES, FLORIDA 33143 SAME**

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

DECEMBER 1, 1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3.	City / State / Zip 4.
PS	JULIO DEL REY	181 VERA COURT	CORAL GABLES, FL 33143
			500002464085--1 -03/20/98--01115--011 *****500.00 *****500.00
			REINSTATEMENT 93-98
			500002464085--1 -03/20/98--01115--014 *****8.75 *****8.75
			500002464085--1 -03/20/98--01115--012 *****500.00 *****500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name	CARMEN LOPEZ
	Street Address (P.O. Box Number is Not Acceptable)	7050 MIRAFLORES AVE.
	Suite, Apt. #, Etc.	500002464085--1
	City	CORAL GABLES

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

Carmen Lopez
REGISTERED AGENT MUST SIGN

Date **3/16/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Julio Del Rey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/98 (305) 888-4020
Date Daytime Phone #

CR2E040 (1/98)