

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000041813

FILED
Oct 20, 2004
Secretary of State

Entity Name: OKEECHOBEE LANDINGS, INC.

Current Principal Place of Business:

U S HWY 27 SO
CLEWISTON, FL 33440 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 159
CLEWISTON, FL 33440 US

New Mailing Address:

FEI Number: 65-0418902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARISH, JOS. D. J
316 BANYAN BOULEVARD
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

HARE, LEROY
420 HOLIDAY BLVD.
CLEWISTON, FL 33440 US

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.

SIGNATURE: LEROY HARE

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARE, LEROY
Address: 425 EAST HAITI
City-St-Zip: CLEWISTON, FL 33440

Title: VST () Delete
Name: FARISH, JOS. D. J
Address: 316 BANYAN BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP () Delete
Name: HARE, SANDRA
Address: 425 EAST HAITI
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA HARE

VP

10/20/2004

Electronic Signature of Signing Officer or Director

Date