

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION

FLORIDA DEPARTMENT OF STATE

Sandra H. Mortham
Secretary of State
DIVISION OF CORPORATIONS



FOR
REINSTATEMENT

DOCUMENT # P93000080646

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 30 PM 3:48

1. Corporation Name

Okeel Enterprises Inc

Principal Place of Business

Mailing Address

5946 Okeechobee Blvd West Palm Beach FL 33417
6111 La Vida Terrace Boca Raton FL 33433

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11/15/93

City & State

City & State

5. FEI Number

Applied For

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 non-profit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
DP	Michael F Wagner	850 Windfall Dr	Boynton Beach FL 33437
DVP	Cheryl Wagner	8590 Windfall Dr	Boynton Beach FL 33437

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michael Wagner
8590 Windfall Dr
Boynton Beach FL 33437

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 8/5/10

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Michael F. Wagner

Date 4-26-01 (561) 478-3657
Daytime Phone #

CR2E040 (1/98)

Professional Business Solutions

2 of 2

The Bottom Line Experts

April 25, 2001

FL Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Okee Enterprises, Inc.

Dear Sir or Madam:

Enclosed is the reinstatement form for Okee Enterprises. The annual reports for 2000 and 2001 were not received because they were mailed to the old owner's address (6111 La Vida Terrace).

We have updated and corrected all information on the reinstatement form. We have enclosed a check for \$300. We ask that the associated penalties be waived since the report was never actually received by the business.

Please feel free to call us with any questions.

Sincerely,



Concetta Lupardo