

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
00 APR 21 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P94000058083

1. Corporation Name OKIE ISLAND TRADING CO.

W-9438

Principal Place of Business Mailing Address
406 Riverside Dr. P.O. Box 73
MELBOURNE Bch, FL MELBOURNE BCH, FL 32951
32951

REINSTATEMENT

95-00

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 Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 08-05-94 5. FEI Number 59-3272003 Applied For NOT Applicable 6. CERTIFICATE OF STATUS DESIRED [X] \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	THOMAS R. SHAW	406 Riverside Dr.	Melbourne Beach, FL 32951

200003230442-8
-05/01/00--01014--010
***1500.00 ***293.00
1500.00 SHAW

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Thomas R. Shaw
406 Riverside Dr.
Melbourne Beach, FL 32951

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] Date 12-06-99 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [x]

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as under oath. KE

SIGNATURE: [Signature] PRESIDENT THOMAS R. SHAW 12-06-99 321-984-3714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)