

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000040231**

1. Corporation Name

**OCOE VENTURES, INC.**

Principal Place of Business

11100 WEST COLONIAL DRIVE  
OCOE FL 34761

Mailing Address

**410 North Orange Blossom Trail**  
~~XXXXXX~~  
~~XXXXXX~~  
US **Orlando, FL 32805**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**05/10/1996**

5. FEI Number

**59-3388532**

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	<del>KAREN M. M. Donald</del> <b>Granatstein</b>	<del>XXXXXX</del> <b>410 North Orange Blossom Trail</b>	<del>XXXXXX</del> <b>Orlando, FL 32805</b>
D	<del>ROBERT M. Robert Motter</del>	<del>XXXXXX</del> <b>3741 NE 163rd Street</b>	<del>XXXXXX</del> <b>North Miami Beach, FL 33160</b>
D	<del>SCOTT S. SCOTT S.</del>	<del>XXXXXX</del>	<del>XXXXXX</del>
			<b>200004688242--7</b>
			<b>11/20/01 01006-026</b>
			<b>***750.00 ***750.00</b>

8. Name and Address of Current Registered Agent

**VAUGHAN, KATHRYN A ESQ.**  
**110 EAST GRANADA BLVD., #104**  
**ORMOND BEACH FL 32176**

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

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:

**Donald Granatstein** 10/25/01 (407) 423 7227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #