

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000074010

1. Corporation Name

OKEECHOBEE BUSINESS VENTURES, INC.

Principal Place of Business

1115 N PARROTT AVE
SUITE 10
OKEECHOBEE FL 34950
US

Mailing Address

1900 NEBRASKA AVENUE
SUITE 10
FT. PIERCE FL 34950

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/1996

5. FEI Number

65-0684177

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	KORUPARA, A. PRASAD	1900 NEBRASKA AVENUE, SUITE 10	FT. PIERCE FL 34950
V	WOODY, RONALD H.	1900 NEBRASKA AVE., STE. 10	FT. PIERCE FL
TS	KUMAR, RAMESH T	1900 NEBRASKA AVE SUITE 10	FT. PIERCE FL

900003046519--0
-11/17/99--01003--010
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KORUPARA, A. PRASAD 1900 NEBRASKA AVENUE SUITE 10 FT. PIERCE FL 34950	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Korupara

REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/3/99

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:

Korupara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/99 561 489 5900
Date Daytime Phone #