

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 28 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007934

1. Corporation Name

O.K. SERVICES, INC.

Principal Place of Business

Mailing Address

7821 TOUCAN DR.
ORLANDO FL 32822

7821 TOUCAN DR.
ORLANDO FL 32822

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

REINSTATEMENT

01/26/1998

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3490301

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	AUTO, KAREN V Oral	7821 TOUCAN DR.	ORLANDO FL 32822
P/D	Oral, Karen V	7821 Toucan Dr.	Orlando, FL 32822

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEPARD, CLIFFORD B III
221 NE IVANHOE BLVD., #205
ORLANDO FL 32804

Name

Karen V. Oral

Street Address (P.O. Box Number is Not Acceptable)

7821 Toucan Drive

Suite, Apt. #, Etc.

City

Orlando

State

Zip Code

FL

32822

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

Karen V. Oral

REGISTERED AGENT MUST SIGN

Date

Dec. 18, 1999

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.

KE

SIGNATURE:

Karen V. Oral
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-99
Date

407-420-5165
Daytime Phone #