02-12-2001 15:17 From-THE FUND LEON 18506813646 T-301 P.002/003 F-010

APPLICATION FOR REINSTATEMENT

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

FILED
01 FEB 16 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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***1050.00 ***1050.00

DOCUMENT # P98000017833

1. Corporation Name

O.K. Preserve Inc

Principal Place of Business | Mailing Address

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: 1997
8260 N.W 156 Terr.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: ☒ Applied For ☐ Not Applicable
City & State: Miami, FL 33016	City & State	
Zip: 33016 Country: U.S	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 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/D	Dewey Knight III	8260 NW. 156 Terr Miami, FL 33016	Miami, FL

8. Name and Address of Current Registered Agent

Dewey Knight

9. Name and Address of New Registered Agent

Name: Dewey Knight III
Street Address (P.O. Box Number is Not Acceptable): 8260 NW 156 Terr.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 330 16

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: DK III — REGISTERED AGENT MUST SIGN — Date: 2-14-2001

11. This corporation owes 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 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: DK III — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 2-14-2001 — Daytime Phone #: 786-229-1196