

CK # 3121 \$ 1,050.00  
CK # 3141 \$ 150.00  
\$ 1,200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 13 AM 8:35

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000038159

1. Corporation Name

O.K. INVESTMENTS, INC.

REINSTATEMENT 01-04

2. Principal Office Address

750 N.W. 72nd Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS TWO.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Zip

33126

Country

USA.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04-27-1999

5. FEI Number

65-1042334.

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IMAD MOHAMMAD TAWIL

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

750 NW. 72nd Avenue.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

200026888752  
01/13/04--01093--004 \*\*1090.00

~~01/13/04--01093--005 \*\*150.00~~

200026888752  
01/13/04--01093--005 \*\*110.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/19/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.V.P.S.	IMAD MOHAMMAD TAWIL	750 NW 72nd Avenue	Miami, Florida 33126

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

12/19/03

305-262-0027

CR2081 (10/02)