


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000094445</b> 1. Entity Name <b>OKEECHOBEE ACQUISITIONS, INC.</b>						<b>FILED</b> <b>05 OCT 14 PM 4:36</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>305 E. NORTH PARK STREET OKEECHOBEE, FL 34972</b>				Mailing Address <b>305 E. NORTH PARK STREET OKEECHOBEE, FL 34972</b>			
2. Principal Place of Business <b>5205 Babcock St.</b>				3. Principal Place of Business <b>5205 Babcock St.</b>			
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 			
City & State <b>Palm Bay FL</b>				City & State <b>Palm Bay FL</b>			
Zip <b>32905</b>		Country <b>USA</b>		Zip <b>32905</b>		Country <b>USA</b>	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>ANDERSON, MELANIE 305 E. NORTH PARK STREET OKEECHOBEE, FL 34972</b>				7. Name and Address of New Registered Agent Name <b>Jack B. Spira</b> Street Address (P.O. Box Number is Not Acceptable) <b>5205 Babcock St.</b> City <b>Palm Bay FL</b> Zip Code <b>32905</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
DATE _____							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>PD</b>	<b>FLETCHER, RONALD R</b> <input type="checkbox"/> Delete			TITLE <b>P D</b>	<b>Jack B. Spira</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>FLETCHER, RONALD R</b>	<b>6545 FRANCE AVENUE S #130</b>			NAME <b>Jack B. Spira</b>	<b>5205 Babcock St.</b>		
STREET ADDRESS <b>6545 FRANCE AVENUE S #130</b>	<b>EDINA, MN 55435</b>			STREET ADDRESS <b>5205 Babcock St.</b>	<b>Palm Bay, FL 32905</b>		
CITY-ST-ZIP <b>EDINA, MN 55435</b>				CITY-ST-ZIP <b>Palm Bay, FL 32905</b>			
TITLE <b>VD</b>	<b>FAIRCHILD, ROBERT</b> <input type="checkbox"/> Delete			TITLE <b>VD</b>	<b>Jack B. Spira</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>FAIRCHILD, ROBERT</b>	<b>6545 FRANCE AVENUE S #130</b>			NAME <b>Jack B. Spira</b>	<b>5205 Babcock St.</b>		
STREET ADDRESS <b>6545 FRANCE AVENUE S #130</b>	<b>EDINA, MN 55435</b>			STREET ADDRESS <b>5205 Babcock St.</b>	<b>Palm Bay FL 32905</b>		
CITY-ST-ZIP <b>EDINA, MN 55435</b>				CITY-ST-ZIP <b>Palm Bay FL 32905</b>			
TITLE <b>STD</b>	<b>STELTER, FRED</b> <input type="checkbox"/> Delete			TITLE <b>STD</b>	<b>Jack B. Spira</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>STELTER, FRED</b>	<b>6545 FRANCE AVENUE S #130</b>			NAME <b>Jack B. Spira</b>	<b>5205 Babcock St.</b>		
STREET ADDRESS <b>6545 FRANCE AVENUE S #130</b>	<b>EDINA, MN 55435</b>			STREET ADDRESS <b>5205 Babcock St.</b>	<b>Palm Bay FL 32905</b>		
CITY-ST-ZIP <b>EDINA, MN 55435</b>				CITY-ST-ZIP <b>Palm Bay FL 32905</b>			
TITLE <b>PD</b>	<b>FLETCHER, RONALD R</b> <input type="checkbox"/> Delete			TITLE <b>PD</b>	<b>Jack B. Spira</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>FLETCHER, RONALD R</b>	<b>6545 FRANCE AVENUE S #130</b>			NAME <b>Jack B. Spira</b>	<b>5205 Babcock St.</b>		
STREET ADDRESS <b>6545 FRANCE AVENUE S #130</b>	<b>EDINA, MN 55435</b>			STREET ADDRESS <b>5205 Babcock St.</b>	<b>Palm Bay FL 32905</b>		
CITY-ST-ZIP <b>EDINA, MN 55435</b>				CITY-ST-ZIP <b>Palm Bay FL 32905</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>JACK B. SPIRA</b>							
Date <b>10/10/05</b> Daytime Phone # <b>321.725.5000</b>							