PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 28 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000110761

1. Corporation Name

OKEE PROPERTY, INC.

700014911937
03/28/03--01053--022 **450.00

2. Principal Office Address	3. Mailing Office Address
One North Clematis St.	One North Clematis St.
Suite, Apt. #, etc: Suite 400	Suite, Apt. #, etc: Suite 400
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33401 Country: Palm Beach	Zip: 33401 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 12/27/99

5. FEI Number: 65-0981965 ☐ 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: Robert E. Deziel

Street Address (P.O. Box Number is Not Acceptable): One North Clematis Street

Suite, Apt. #, Etc.: Suite 400

City: West Palm Beach, State: FL Zip Code: 33401

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: Ron Dezon Date: 3/19/03

REGISTERED AGENT MUST SIGN

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
D	Robert E. Deziel	One North Clematis Street	West Palm Beach, FL 3340

01-03 4BR

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: Ron Dezon 3/19/03 (561) 833-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (10/02)