AP P DI	EASE P	FLC IDA		F STATE	Pa	gel of 2	
EINSTATEME	NT		re y SION OF CORPORA	TIONS		FILED	
OCUMENT # \/ / 8 7 6					97	MAR 27 AM	ll. an
Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
)keechobi	ee One	, Inc	•		IALI	AHASSEE, FLO	RIDA
cipal Place of Business		Mailing Addres	68				
3405 Sa							nws
Tampu,	orrect in any way, line	33629 through incorrect inf	formation and enter or	prrection below.	4. Date Incorpora	ted or Qualified	
New Principal Office Add	lress, if Applicable	3. New Mailin Suite, Apt. #, (	IG Office Address, II A		To Do Busines	s in Florida	/2/92 Applied For
e, Apt. #, etc. & State		Cily & State			5. FEI Number 65-036	2547	Not Applicable
	Country	Zip	Country		6. CERTIFICATE C	F STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status
lames and Street Addre	esses of Each Officer t	and/or Director (Flor	rida nonprofit corporal	tions must list at le	east 3 directors)	Cin	// State / Zip
le(s)	Name of Officers and/or Directors		Off	cer and/or Directo e Post Office Box	or i	4	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	oid R. Be ly M. Heu		606 N.	Luis S Sugavlav	t. ad Hwy	Clewiston	, FL 3344C
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8. Name DavidRBer 3405 Sav Tampa,  1. being appointed the grapure of egistered Agent Dept. of Richard	e and Address of Cur  VNEV  Luis St.  FL 33  e registered agent of the Corporation prevenue under	rrent Registered Ag  629  The above named core REGISTERED Ag  129 any intare TS. 199.032	poration, am familiar agent MUST SIGN agible tax to to to Florida Sta	Name Street Address Suite, Apt. #, 8 City with and accept the	9. Name and A s (P.O. Box Number Etc. ne obligations of Sect	ddress of New Regist s Not Acceptable)  on 607.0505, F.S.  Date 3//	7-01127-014 00 ****365.00  tered Agent  State   Zip Code   FL    ther side for information on infangible tax.)
8. Name DavidRBer 3405 Sav Tampa,  D. I. being appointed the egiclered Agent  11: Does this control of the population of	e and Address of Cur  VNEV  Luis St  FL 33  e registered agent of the Corporation possesses under	rrent Registered Age  Age  The above named core  REGISTERED Age  The a	poration, am familiar of the control	Name Street Address Suite, Apt. #, & City with and accept the	9. Name and A s (P.O. Box Number Etc.  Be obligations of Sect  as provided for in ch sties the requirement of or an exemption ur	-03/28/9 ****365  ddress of New Regist is Not Acceptable)  on 607.0505, F.S.  Date	State   Zip Code   FL

## COSTOPOULOS & COMPANY, P.A.

V 68261

Managla Serre Bayor, 86%

Certified Public Accountants
195 Southwest 28th Street, Okeechobee, FL 34974 (941) 763-1120 Fax: (941) 763-8118

March 24, 1997

Ms. Marie Bartlett
Division of Corporations
P.O. Box 6327
Taliahassee, Florida 32314

Re: Okeechobee One, Inc.

65-0362547

Dear Ms. Bartlett:

In February of 1996, we mailed the original 1996 Corporate Annual Report to Tallahassee. In July of 1996 we were notified that the return had not been received, so we mailed it again with a check for \$226. This check has never cleared the bank so we assume it was lost in the mail. Per your instructions we are enclosing a check for \$365 to cover the 1996 Corporate Annual Report for \$200 and the 1997 Corporate Annual Report for \$165. We are also enclosing the completed reinstatement form and requesting that the reinstatement fee be waived based upon the facts presented above.

Thank you for you assistance in this matter.

Sincerely,

Donna J. Helton

**Certified Public Accountant** 

cc: David Berner