PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 NOV -6 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000029065

1 Limited Liability Company's Name
OAK BAY LLC

400321424874
11/06/18--01024--027 **973.00

CR2E041 (1/14)

2. Principal Office Address - No P O Box #	3 Mailing Office Address
2439 SCOTT ST	2439 SCOTT ST
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: HOLLYWOOD	City & State: HOLLYWOOD
Zip: 33020 Country: BROWARD	Zip: 33020 Country: BROWARD

4. State/Country of Formation: FLORIDA

5 Date Organized or Qualified To Do Business in Florida: 02/29/2012

6 FEI Number: L12000029065 ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ **$5.00 Additional Fee required for a certificate of status**

8. **Name and Address of Current Registered Agent**

Name: MERCIER INGRAHAM

Street Address (P O. Box Number is Not Acceptable) Suite,: 2439 SCOTT ST

Apt #, Etc:

City: HOLLYWOOD State: FL Zip Code: 33020

REI - 2013-2018

$932.50 11/2/18

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F S

Signature of Registered Agent: [signature] Date: 10/29/2018

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MERCIER INGRAHAM	2439 SCOTT ST	HOLLYWOOD, FL 33020
MGR	STEPHEN INGRAHAM	2439 SCOTT ST	HOLLYWOOD, FL 33020

11. E-mail Address: Merci215@hotmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager, or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605 0012, F S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F S.

Signature of authorized representative/member: [signature] Date: 10/29/2018 Daytime Phone #: 7542448568

Typed or printed name of signing authorized representative/member: MERCIER INGRAHAM