PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR -8 PM 2:28

DOCUMENT # A09520

1. Limited Liability Company's Name
Oak Grove Apartments, LTD.

700134089537
04/09/09--01003--010 **1000.00
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
725 Primera Blvd.	Same
Suite, Apt. #, etc.: #145	Suite, Apt. #, etc.
City & State: Lake Mary, FL	City & State
Zip: 32746 Country	Zip Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 10/31/1980

6. FEI Number: 65-0604347 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Amy Charles, Inc.
Street Address (P.O. Box Number is Not Acceptable): 725 Primera Blvd.
Suite, Apt. #, Etc.: #145
City: Lake Mary State: FL Zip Code: 32746

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: 4/8/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Thomas J Windram	840 Fairview Drive	Mt. Dora, FL 32757
	Jean W Lowe	1467 Spring Lake Road	Fruitland Park, FL 34731
		700134089537 08/07/08--01046--009 **2500.00	
	REINSTATEMENT 2006-2009		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager: [signature] Date: 3/5/09 Daytime Phone # 352-383-3744

Typed or printed name of signing Managing Member/Manager: pursuant to P.O.A. for Thomas Windram