

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

W5/21

2001-2002

DOCUMENT # L00000005153

02 MAY -6 AM 9:38

1. Limited Liability Company's Name

OAKLAND INVESTMENT PROPERTIES LLC

2. Principal Office Address

4430 TIDEWATER DR.

Suite, Apt. #, etc.

3. Mailing Office Address

4430 TIDEWATER DR.

Suite, Apt. #, etc.

City & State

Orlando FLA.

City & State

Orlando, FLA.

Zip

32812

Country

USA

Zip

32812

Country

USA

4. State/Country of Formation

FLA. USA

5. Date Organized or Qualified  
To Do Business in Florida

5-5-2000

6. FEI Number

NONE

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

STEVE FOREMAN

Street Address (P.O. Box Number is Not Acceptable)

4430 TIDEWATER DR.

Suite, Apt. #, Etc.

City

Orlando

State  
FL

Zip Code

32812

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

REGISTERED AGENT MUST SIGN

Date 4-30-02

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
MGRM	STEVE FOREMAN	4430 TIDEWATER DR.	Orlando, FLA. 32812

REINSTATEMENT  
2001-2002

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

Date 4-30-02

Daytime Phone (407) 851-1970

Typed or printed name of signing Managing Member/Manager

STEVE FOREMAN