

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

01 DEC 21 PM 3:06

DOCUMENT # L00000012142

1. Limited Liability Company's Name

OSI Florida, LLC

2. Principal Office Address

280 Business Park Cir.

Suite, Apt. #, etc.

Suite 410

City & State

St. Augustine, Fl.

Zip

32095

Country

USA

3. Mailing Office Address

280 Business Park Cir.

Suite, Apt. #, etc.

Suite 410

City & State

St. Augustine, Fl.

Zip

32095

Country

USA

4. State/Country of Formation

FL., USA

5. Date Organized or Qualified
To Do Business in Florida

OCT 2nd, 2000

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

☐ \$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Carl Purvis

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

545 Oakridge Tr.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32092

100004751851-8

-01/04/02--01054--016

****155.00 ****155.00

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

Carl Purvis

Date 12-20-01

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

CUS
City, State, Zip

mgm. Carl Purvis

545 Oakridge Tr.

St. Augustine, Fl.
32095

Rein \$100.00

WBR 50.

CUS

5

155.00

np

REINSTATEMENT 2001

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

Carl Purvis

Date 12-20-01

Daytime Phone # 904-940-9998

Typed or printed name of signing Managing Member/Manager