PLEASE READ	ALL INSTRUCTIONS BE	F STATE	-
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF Katherine Harris Secretary of State DIVISION OF CORPORATION	FLED	
DOCUMENT# 1. Limited Liability Company's Name Oakland Pincs Apa	LOI - 329 rtments, LLC.	01—007-18 PM 12: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address: 4860 NE 12th Ave	3. Mailing Office Address	4. State/Country of Formation	7
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FLORIDA USA 5. Date Organized or Qualified To Do Business in Florida 12/31/00/	╢
City & State RT. Laudendale FL	City & State	6. FEI Number Applied For Not Applicable	-
33334 USA	Zip Coùntry C	CERTIFICATE OF STATUS DESIRED (Solid Additional Georgetical Core Conditional Contents)	<u> </u>
Name Gerald M. Street Address (P.O. Box Number is Noted to the South of the Address of the Addr	e ove named limited liability company, am fair	State Zip Code FL 33334 State Lip Code FL State State Code FL State State Code FL State St	CR2E041 (9/01)
10. Names and Street Addresses of Managing Me			
Managing Marnbers/Management Managing Members/Management Management Managemen	ers Managing I	Address of Each Member/Manager City / State / Zip LDAUS 33334	_
<u> </u>			- - -
filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under oath.	or dissolution has been eliminated, the limite been paid. The information indicated on the state of the state	xecute this application as provided for in chapter 608, F.S. I further certify that when ed liability company name satisfies the requirements of section 608.406, F.S., and that this application is true and accurate, and my signature shall have the same legal effect Date 10/16/01 Daytime Phone # 954-771-2210	