

**PLEASE READ AND INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**L01000004150**

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

03 DEC 29 12:13

llc 1/8/04

DOCUMENT # L01000004150

1. Limited Liability Company's Name  
 OAK FEED REAL ESTATE, LLC

**REINSTATEMENT 2003**

2. Principal Office Address 110 MERRICK WAY Suite, Apt. #, etc. 3B City & State CORAL GABLES, FLORIDA Zip 33134		Country USA		3. Mailing Office Address 434 ARAGON AVENUE Suite, Apt. #, etc. City & State CORAL GABLES, FLORIDA Zip 33134-4906		Country USA	
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4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 03/14/01	
6. FEI Number 65-1151689	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
MATTHEW L. LEIBOWITZ

Street Address (P.O. Box Number is Not Acceptable)  
ONE SE THIRD AVENUE

Suite, Apt. #, Etc.  
1450

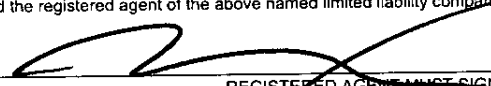
City  
MIAMI

State  
FL

Zip Code  
33131

100025813111  
12/29/03--01050--002 \*\*190.00

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.

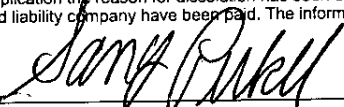
Signature of Registered Agent  Date 11/25/03

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
MGRM	PUKEL, SANDY	434 ARAGON AVENUE	CORAL GABLES, FL 33134
MGRM	GOODMAN, DEAN	525 S. FLAGLER DRIVE #21A	WEST PALM BEACH, FL 33401
MGRM	FANTENESI, CARLO	3396 CRYSTAL COURT	COCONUT CREEK, FL 33133
<b>REINSTATEMENT 2003</b>			

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 11/25/03 Daytime Phone # 305-448-7595

Typed or printed name of signing Managing Member/Manager SANDY PUKEL

CR2E041 (9/01)