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L01000005537

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name  
L01000005537

**REINSTATEMENT**

2002-  
2003

<b>2. Principal Office Address</b> 536 Biltmore Way Suite, Apt. #, etc. Coral Gables City & State FL Zip 33134		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Zip Country USA	
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<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 04/10/2001	
<b>6. FEI Number</b> 65-1093999	<b>Applied For</b> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>	
Name Ileana Arias Tovar, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 1725 Main Street	
Suite, Apt. #, Etc. Suite 209	
City Weston	State FL
	Zip Code 33326

**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 **November 12, 2003**

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
MGR	Carlos Barito	9655 NW 26 CT #4	Sunrise, FL 33322

**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 **11/13/03** Daytime Phone # **954-3852284**

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 12, 2003

OAKLAND CHEVRON, L.L.C.  
536 BILTMORE WAY  
CORAL GABLES, FL 33134

SUBJECT: OAKLAND CHEVRON, L.L.C.  
REF: L01000005537

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Trevor Brumbley  
Document Specialist

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**From:**

Account Name : ARIAS TOVAR & ASSOCIATES, P.A.  
Account Number : I20000000125  
Phone : (954) 385-2284  
Fax Number : (954) 385-8864

**LIMITED LIABILITY REINSTATEMENT**

**OAKLAND CHEVRON, L.L.C.**

Certificate of Status	0
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