

L01000016510

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 15 AM 11:35 WY/21

DOCUMENT # L01000016510

1. Limited Liability Company's Name

Oatbrand, LLC

REINSTATEMENT 2002-2003

100016065231  
04/15/03--01032--008 \*\*205.00

2. Principal Office Address

16312 Royal Park Ct

3. Mailing Office Address

16312 Royal Park Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33647

Country

U.S.A.

Zip

33647

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

9-24-2001

6. FEI Number

☒ 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

Charanun Soodjinda

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

16312 Royal Park Ct

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code  
33647

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

*Charanun Soodjinda*

Date

4/9/03

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	Charanun Soodjinda	16312 Royal Park Ct	Tampa, Florida 33647

REINSTATEMENT

2002-2003

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

*Charanun Soodjinda*

Date

4/9/13

Daytime Phone #

813-866-0799

Typed or printed name of signing Managing Member/Manager

Charanun Soodjinda

CR2E041 (10/02)