PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State oninmay (3 PM 🗗 12 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE FALLAHASSEE, FLORIDA DOCUMENT # LO200009780 OAK RIDGE TERRACE APARTMENTS, LLC CR2E041 (11/09) 2. Principal Office Address - No P.O. Box # 4. State/Country of Formation Florida Suite, Apt #, etc. Suite, Apt. #, etc. Date Organized or Qualified To Do Business in Florida 200Z City & State City & State Applied For 6. FEI Number 020598552 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 ☑ A \$100 reinstatement fee is imposed, except Kristina in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 32105 Hickory box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. State Zıp Code 9. 4, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608. F.S. Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip Kristina L. Rrice 32105 Hickory MGR <u> 05/19/10: -01036-- 001</u> 999199950868 05/13∤10~ 01038 - 001 KIrcpa@mindspring. Com
To be used for future annual report notifications) 11. E-mail Address: _

Typed or printed name of signing Managing Member/Manager

12. 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.