

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 29 AM 8:42

DOCUMENT #

LD2000017950

1. Limited Liability Company's Name

O.A.C. Developers, L.L.C.

2. Principal Office Address

6538 Collins Ave.

Suite, Apt. #, etc.

427

City & State

Miami Beach

Zip

33141

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

2002

6. FEI Number

61-1427745

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Orlando Cordoves

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

6538 Collins Ave Suite 427

Suite, Apt. #, Etc.

City

Miami Beach, FL

State

FL

Zip Code

33141

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-15-04

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
Manager	Orlando A. Cordoves Sr.	6538 Collins Ave #427	Miami Beach, FL 33141
Manager	Orlando A. Cordoves Jr.	6538 Collins Ave #427	Miami Beach, FL 33141
			100058257491 08/04/05--01052--004 **200.00
			REINSTATEMENT 04-05

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 terminated, 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

[Signature]

Date

12-16-04

Daytime Phone #

305-773-8593

Typed or printed name of signing Managing Member/Manager