

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # U03000000210

1. Limited Liability Company's Name

O.A.C Investments L.L.C.

2. Principal Office Address

795 E 49th Street
Suite, Apt. #, etc.

3. Mailing Office Address

6538 Collins Ave
Suite, Apt. #, etc.
Suite 427

City & State

Hialeah Florida

City & State

Miami Beach, FL

Zip

33010

Country

USA

Zip

33141

Country

USA

4. State/Country of Formation

Florida - USA

5. Date Organized or Qualified
To Do Business in Florida

12-30-02

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

Cordoves, Orlando Jr.

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

6538 Collins Ave

Suite, Apt. #, Etc.

Suite 427

City

Miami Beach

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

1-12-04

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 |
|------------|--------------------------------------|---|------------------------------|
| <u>mgm</u> | <u>Orlando Cordoves Sr.</u> | <u>6538 Collins Ave Suite #427</u> | <u>Miami Beach, FL 33141</u> |
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REINSTATEMENT 2003-2004
W/O Penalty

11. I certify that I am managing member/manager of 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

[Signature]

Date

1-12-04

Daytime Phone #

305-773-9593

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

2082

6538 COLLINS AVE. STE. 427 • MIAMI BEACH, FL. 33141
PHONE 305-773-9593 • FAX 305-868-3705 • E-MAIL OCVECO@AOL.COM

ORLANDO A. CORDOVES

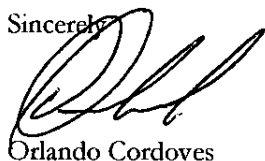
RE: O.A.C. Investment, LLC.

~~To whom it may concern,~~

This letter is to request that my reinstatement fee be waved. I did not receive the application that was sent to me because it was mailed to the physical address which is a vacant lot and we don't receive any mail there. In the future could you please mail it to the registered agent.

Thanking you in advance for your anticipated cooperation in this matter.

Sincerely,



Orlando Cordoves