


200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000049883			
1. Limited Liability Company's Name Oscar Investments.			
2. Principal Office Address 17931 Lake Carlton Dr Suite, Apt. #, etc. Apt #C City & State Lutz FL Zip 33558		3. Mailing Office Address Same as Principal Suite, Apt. #, etc. City & State Zip Country	
		4. State/Country of Formation USA	
		5. Date Organized or Qualified To Do Business in Florida	
		6. FEI Number 20-1698090 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Oscar Quiceno			
Street Address (P.O. Box Number is Not Acceptable) 17931 Lake Carlton Dr			
Suite, Apt. #, Etc. Apt #C			
City Lutz			
		State FL	Zip Code 33558
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 10-17-05	
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
owner	Oscar Quiceno	17931 Lake Carlton Dr	Lutz FL 33558
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 10-17-05 Daytime Phone # (813) 433-3000	
Typed or printed name of signing Managing Member/Manager		Oscar Quiceno	