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
06 OCT 26 AM 10:26

CR2E041 (8/05)

DOCUMENT # L04000007492

1. Limited Liability Company's Name: Oakhaven Park LLC

2. Principal Office Address		3. Mailing Office Address	
10307 SW Lettuce Lake Ave		10307 SW Lettuce Lake Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Arcadia	Florida	City & State: Arcadia	Florida
Zip: 34269	Country: USA	Zip: 34269	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 28th Jan 2004

6. FEI Number: 770617244 — 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: Victor J. Troiano

Street Address (P.O. Box Number is Not Acceptable): 317 S Tennessee Ave

Suite, Apt. #, Etc.:

City: Lakeland — State: FL — Zip Code: 33801

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: 10/24/06

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	William J Mullen	851 Pulaski Highway	Bear, Delaware, 19701

200081254012
10/26/06--01037--010 **200.00

AMENDMENT
2005-06

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: William Mullen — Date: 13 Oct 06 — Daytime Phone #: 302 218 3828

Typed or printed name of signing Managing Member/Manager: WILLIAM MULLEN