


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAY 10 PM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L04000026115</u>			
1. Limited Liability Company's Name <u>Oak Ave, LLC</u>			
<u>3310 Oak Ave</u>		<u>1800 NE 114 St, #1709</u>	
<u>Miami, FL</u>		<u>Miami, FL</u>	
<u>33133</u>	<u>USA</u>	<u>33181</u>	<u>USA</u>
2. Name and Address of Current Registered Agent <u>Gina M. Stortz</u> <u>4115 Park Avenue</u> <u>Miami, FL 33133</u>			
3. Date Organized or Qualified To Do Business in Florida <u>4/6/2004</u>			
4. <u>20-8951754</u>			
5. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
6. <input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
7. 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 <u>[Signature]</u> Date <u>May 1, 2007</u> REGISTERED AGENT MUST SIGN			
8. 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>MGRM</u>	<u>Elga Melin</u>	<u>1800 NE 114 St, #1709</u>	<u>Miami, FL 33181</u>
<u>MGR</u>	<u>Gina Stortz</u>	<u>4115 Park Avenue</u>	<u>Miami FL 33133</u>
500102981525 05/21/07--01015--012 *\$200.00 REINSTATEMENT <u>05-07</u>			
9. 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 <u>[Signature]</u> Date <u>5/1/07</u> Daytime Phone # <u>305-403-4444</u> Typed or printed name of signing Managing Member/Manager <u>Gina Melin Stortz</u>			