PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM D LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 2008 JUN 13 PM 12: 40 DIVISION OF CORPORATIONS REINSTATEMENT SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L 040000 29590 1. Limited Liability Company's Name Oasis General, LLC 500130684455 06/03/08--01029--002 **266.25 09/08-01004-001-\$150.00 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 3525 Pitch ment Road 3525 Picolment Road Suite, Apt. #, etc. 5. Date Organized or Qualified 7 Pildment Tenter 7 Pirdmut Center To Do Business in Florida 6. FEI Number Applied For Allenta, GA Allanta, GA 20-1605990 Not Applicable 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 30305 30305 4.5 for a Certificate of Status 8. Name and Address of Current Registered Agent Name A \$100 reinstatement fee is imposed, except Lawrence Roker in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 17546 315t Rd. box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. Zip Code 33470 Loxahatchie 9. I, being appointed the registered agent of the above named limited liability company, am grailer with and th and accept the obligations of Chapter 608, F.S. Date 5-30-08 Registered Agent REGISTERED AGENT MUST SIGN JUN 1 6 2008 10. Names and Street Addresses of Managing Members/Managers EXAMBLER Name of Managing Members/Managers City / State / Zip ASSOCIATED (apital Marketylla 600 M. Pine I Sland Road, Ste 450 Plantation, FL 33324 Internal Track Investments, LLC 3525 Picolment Read, 7 Pindment Attenta, 6A 30305 3525 Pied ment Acod, 7 Ardnut Attenta, GA 30305 Visien Property Trust, LLC Place of Family Harber, LLC REINSTATEMEN 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 filling 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 2 / A(M,LLC Date 5/30/08 Deytime Phone # 954-881-9500 Managing Member/Manager

Typed or printed name of signing Managing Member/Manager Frick J. Roker / ACM, LLC Monager