2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
05 OCT 24 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # L04000080072

1. Entity Name
WHITE OAKS CAPITAL, LLC

Principal Place of Business	Mailing Address
C/O GREENBERG TRAURIG 401 EAST LAS OLAS BLVD., SUITE 2000 FT. LAUDERDALE, FL 33301	C/O GREENBERG TRAURIG 401 EAST LAS OLAS BLVD., SUITE 2000 FT. LAUDERDALE, FL 33301

09292005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
70 Gruber Lane	P.O. Box 31046
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc.
City & State St. Simons Island, GA	City & State Sea Island, GA
Zip / Country 31522 / US	Zip / Country 31561 / US

4. FEI Number
20-2901644
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name: Robert Steven Bostic Street Address (P.O. Box Number is Not Acceptable): 757 S.E. 17th Street, #826 City: Fort Lauderdale FL Zip Code: 33316

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Steven Bostic 10-20-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2006, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Robert Steven Bostic 70 Gruber Lane, Suite 220 St. Simons Island, GA 31522 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition BK

REINSTATEMENT 2005

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Steven Bostic Robert Steven Bostic, MGRM 10-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

L04000080072

ACCOUNT NO. : 072100000032

REFERENCE : 667371 4331939

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 50.00

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TALLAHASSEE, FLORIDA

ORDER DATE : October 24, 2005

ORDER TIME : 9:58 AM

ORDER NO. : 667371-005

CUSTOMER NO: 4331939

BR

DOMESTIC FILINGS

NAME: WHITE OAKS CAPITAL, LLC

RECEIVED
05 OCT 24 AM 10:55
DIVISION OF CORPORATION

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____ PLAIN STAMPED COPY

CONTACT PERSON: Debbie Skipper - Ext# 2948

EXAMINER'S INITIALS _____

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