

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT -5 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000046102

1. Limited Liability Company's Name

OCCOF, LLC

9/14/07

500160933335
09/22/09--01031--006 **277.50

500160933335
10/07/09--01002--004 **138.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2200 KINGS HIGHWAY

Suite, Apt. #, etc

UNIT 1 BAC

City & State

PORT CHARLOTTE FL

Zip

33980

Country

CHARLOTTE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

MAY 2005

6. FEI Number

87-0757501

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

ORRIE F OBERHEIM

Street Address (P.O. Box Number is Not Acceptable)

2200 KINGS HIGHWAY

Suite, Apt. #, Etc

UNIT 1 B+C

City

PORT CHARLOTTE

State

FL

Zip Code

33980

☒ 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.

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

Orrie Oberheim

Date 9-17-09

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
MEM	ORRIE F OBERHEIM	521 FAIRVIEW AVE	PORT CHARLOTTE FL 33952
MEM	ORRIE F OBERHEIM		PORT CHARLOTTE FL 339
REINSTATEMENT without Penalty			
2007, 08, 09 up to 10/5/09			

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

Orrie Oberheim

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager