

FILED

2009 DEC 10 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDALIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000066674

1. Limited Liability Company's Name

Oxford Down Investment, LLC

CR2E041 (11/09)

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

841 Indian River Dr

Suite, Apt. #, etc.

3. Mailing Office Address

841 Indian River Dr

Suite, Apt. #, etc.

City &amp; State

Cocoa FL

City &amp; State

Cocoa FL

Zip

32922

Country

USA

Zip

32922

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

7-7-2005

6. FEI Number

35-2373080

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

Gerald F Sale

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

841 Indian River Dr

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32922

☒ 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

Gerald F Sale

REGISTERED AGENT MUST SIGN

Date 11-25-2009

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	Gerald F Sale	841 Indian River Dr	Cocoa FL 32922
			400163194084 11/30/09--01073--006 **277.50
			400163194084 12/11/09--01005--001 **138.75

REINSTATEMENT-07-09

400163194084  
12/11/09--01005--001 \*\*138.75

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Gerald F Sale

Date

Nov 19, 09

Daytime Phone #

321-632-5089

Typed or printed name of signing Managing Member/Manager