

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000110078

1. Limited Liability Company's Name

Oslo Properties East, LLC

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

1499 W. Palmetto Park Rd

Suite, Apt. #, etc.

410

City & State

Boca Raton, FL

Zip

33486

Country

U.S.

3. Mailing Office Address

1499 W. Palmetto Park Rd

Suite, Apt. #, etc.

410

City & State

Boca Raton, FI

Zip

33486

Country

U.S.

8. Name and Address of Current Registered Agent

Name

Colin Flinn

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

545 Lighthouse Way

Apt. #, Etc.

City

Sanibel Island

State

FL

Zip Code

33957

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date September 5, 2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Colin Flinn	545 Lighthouse Way	Sanibel Island, FI 33957

11. E-mail Address: csflinn@aol.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for disqualification has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

Daytime Phone #

239-777-4181

Typed or printed name of signing authorized representative/member

Colin Flinn as MGR of West Oak, LLC Member

FILED

15 SEP 25 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

November 14, 2005

6. FEI Number

41-2196675

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

REINSTATEMENT 2010-2015
9/1/15