

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L6000010149**

1. Limited Liability Company's Name

Burka-Oceanage, LLC

2. Principal Office Address - No P.O. Box #
5125 MacArthur Blvd NW

Suite, Apt. #, etc.

Suite 430

City & State

Washington, DC

Zip

20016

Country

USA

3. Mailing Office Address

5125 MacArthur Blvd NW

Suite, Apt. #, etc.

Suite 430

City & State

Washington, DC 20016

Zip

20016

Country

USA

4. State/Country of Formation

Broward

5. Date Organized or Qualified
To Do Business in Florida

Jan 27, 2006

6. FEI Number

20-4481485

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 **David L Burka**

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

1625 S Ocean Lane

Suite, Apt. #, Etc.

Unit 187

City

Ft Lauderdale

State

FL

Zip Code

33316

E-mail Address:

**000219772020
01/27/12--01036--016 **521.25**

dburka@delbe.com

(To be used for future annual report notices)

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

David L Burka

Date

1/22/12

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
Mgr	David Burka	1625 S Ocean Ln Unit 187	Ft Lauderdale, FL 33316
Mgr	Mark Burka	611 Washington Ave	Wilmette, IL 60091

REINSTATEMENT-2010-2012

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. 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 Managing
Member/Manager

David L Burka

Date **1/22/2012**

Daytime Phone # **202-237-0187 x106**

Typed or printed name of signing Managing Member/Manager **David L Burka**

CL