

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
14 JUL 17 PM 3:56

**DOCUMENT # L06000063816**

1. Limited Liability Company's Name

Oakland Park Development, LLC

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

615 Baltic Street

Suite, Apt. #, etc.

City & State

Brooklyn, NY

Zip

11217

Country

USA

3. Mailing Office Address

615 Baltic Street

Suite, Apt. #, etc.

City & State

Brooklyn, NY

Zip

11217

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

June 23, 2008

6. FEI Number

205091514

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

William G. Sallm, Jr.

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

800 Corporate Drive

Suite, Apt. #, Etc.

Suite 500

City

Fort Lauderdale

State

FL

Zip Code

33334

200256768402  
02/14/14--01023--006 \*\*1071.25

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

Date

REGISTERED AGENT MUST SIGN

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
MGRM	Domenick Tonacchio	615 Baltic Street	Brooklyn, NY 11217

11. E-mail Address: tonaconstruction@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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

2/7/14

Daytime Phone

718-399-3800

Typed or printed name of signing Authorized Representative/Manager Domenick Tonacchio