


**L06000091539**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUN 18 PM 2:46

600182428386  
06/22/10--01002--011 \*\*277.50  
CR2E041 (05/10)

DOCUMENT # **L06000091539**

1. Limited Liability Company's Name

**SOUTH OAKLAND INVESTMENT LLC**

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

**3060-A N.W. 23AV**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

**SAME**

City & State

**OAKLAND PARK - FL**

City & State

**SAME**

Zip

**33311**

Country

**USA**

Zip

**SAME**

Country

**SAME**

4. State/Country of Formation

**FLORIDA - USA**

5. Date Organized or Qualified To Do Business in Florida

**09-19-2007**

6. FEI Number

**205579237**

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

**JORGE MIRANDA**

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

**1419 CROSS BILL CT**

Suite, Apt. #, Etc.

City

**WESTON - FL**

State

**FL**

Zip Code

**33327**

*LLC admin. diss. due to processing error on the part of vendor. Therefore, reinstatement fee waived.*

*-GHT*

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

*Jorge Miranda*

REGISTERED AGENT MUST SIGN

Date **06-18-10**

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
<b>MGR</b>	<b>Jorge Miranda</b>	<b>SAME</b>	<b>SAME</b>

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05/08/08--90106-033 \*\*138.75

**REINSTATEMENT**

**08-10**

*-GHT*

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

*Jorge Miranda*

Date **06-18-10**

Daytime Phone # **954-562-5544**

Typed or printed name of signing Managing Member/Manager

JUN 22 2010