

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED

08 NOV -4 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # L07000064399**

1. Entity Name  
**WEST OAKLAND PARK LLC**



Principal Place of Business <b>4900 WEST OAKLAND PARK BLVD 102 FORT LAUDERDALE, FL 33313</b>	Mailing Address <b>4900 WEST OAKLAND PARK BLVD 102 FORT LAUDERDALE, FL 33313</b>
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2. Principal Place of Business - No P.O. Box # <b>4900 W OAKLAND PK #102</b>	3. Mailing Address Suite, Apt. #, etc.
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10272008 REIN-LLC CR2E101 (1/07)

City & State <b>LAUDERDALE FL 33313</b>	City & State <b>33313</b>
Zip <b>33313</b>	Country <b>USA</b>

4. FEI Number  Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

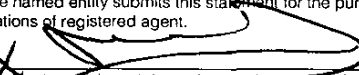
**ROTH, ALVIN N  
4390 NORTH FEDERAL HIGHWAY  
208  
FORT LAUDERDALE, FL 33308**

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **10/29/08**

Signature typed or printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After January 1, 2009, Fee will be \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to  
Florida Department of State**

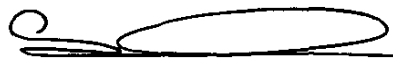
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SETHI, MUKESH</b>		NAME	
STREET ADDRESS <b>4900 WEST OAKLAND PARK BLVD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33313</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**REINSTATEMENT**

**800137568148**  
**11/03/08--01043--023 \*\*138.75**

**L. SELLERS**  
**NOV - 5 2008**  
**EXAMINER**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **10/29/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #