

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 4900 WEST OAKLAND PARK BLVD 102 FORT LAUDERDALE, FL 33313	Mailing Address 4900 WEST OAKLAND PARK BLVD 102 FORT LAUDERDALE, FL 33313
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2. Principal Place of Business - No P.O. Box # 4900 W OAKLAND FL	3. Mailing Address
Suite, Apt. #, etc. #102	Suite, Apt. #, etc.

10272008 REIN-LLC CR2E101 (1/07)

City & State LAUDERDALE FL 33313	City & State 33313
Zip 33313	Country USA

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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
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9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SETHI, MUKESH	
STREET ADDRESS	4900 WEST OAKLAND PARK BLVD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

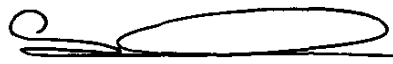
REINSTATEMENT

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 #