

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 NOV 25 AM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L08000045542

OAK RIDGE BUSINESS CENTER LAND TRUST #4, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
7210 NW 58 St

3. Mailing Office Address
7210 NW 58 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country
USA

Zip
33166

Country
USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida
5/6/2008

6. FEI Number
262550704

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
Sanford Susman

Street Address (P.O. Box Number is Not Acceptable)
7210 NW 58 St

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33166

100266887461
11/25/14--01002--019 **238.75

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

Sanford Susman
REGISTERED AGENT MUST SIGN

Date 11/21/14

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
MGR	Sanford Susman	7210 NW 58 St	Miami, FL 33166

REINSTATEMENT

11/21/14

11. E-mail Address: rick@airportrealtydevco.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

Sanford Susman

Date 11/21/14

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager

Sanford Susman

MW
11-25