


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> L10000123448			
1. Limited Liability Company's Name  STONE OAKS, LLC			
2. Principal Office Address - No P.O. Box # 10618 Stonebridge Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 10618 Stonebridge Blvd. Suite, Apt. #, etc.	
City & State Boca Raton, Florida		City & State Boca Raton, Florida	
Zip 33498	Country USA	Zip 33498	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 12/1/2010	
6. FEI Number 27-4117049		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Jonathan J. Lichtman, P.A. Street Address (P.O. Box Number is Not Acceptable) 20283 State Road 7 Suite, Apt. #, Etc. Suite 300 City Boca Raton		E-mail Address:  bartpriceless5@gmail.com (To be used for future annual report notices)	
State FL		Zip Code 33498	
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		Date 3/20/12	
REGISTERED AGENT MUST SIGN			
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
MGRM	Herbert B. Price	10618 Stonebridge Blvd.	Boca Raton, FL 33498
500225625605 03/21/12--01020--004 **377.50 REINSTATEMENT 11-12 DE 3-22-12			
11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Signature of Managing Member/Manager		Date 3/20/12	
Typed or printed name of signing Managing Member/Manager		Daytime Phone # (561) 715-1461	
Herbert B. Price			