

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT -9 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L95000000923

1. Entity Name
OAKWOOD CENTER, L.C.



Principal Place of Business
OAKWOOD CENTER
14100 US HWY 19 N
CLEARWATER, FL 33764

Mailing Address
PO BOX 1981
LARGO, FL 33779 OC

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09242007 REIN-LLC

CR2E101 (1/07)

4. FEI Number
98-0159959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, DANIEL A
105-F DUNBAR AVE.
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name
Harris, Daniel A.
Street Address (P.O. Box Number is Not Acceptable)

3937 Tampa Road, Suite 2

City
Oldsmar

FL Zip Code
34677

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

Signature, typed or printed name of registered agent and title if applicable.

Daniel A. Harris

(NOTE: Registered Agent signature required when reinstating)

DATE

9/25/07

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DICERBO, PASQUALE
STREET ADDRESS 75 NORTH QUEEN STREET, UNIT 2
CITY-ST-ZIP TORONTO, ON M8Z 2C7

TITLE MGRM ☐ Delete
NAME DICERBO, ROSA
STREET ADDRESS 75 NORTH QUEEN STREET, UNIT 2
CITY-ST-ZIP TORONTO, ONTARIO M8Z 2C7

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

PAT D. CERBO

SEP-25-07

Date

Daytime Phone #

REINSTATEMENT

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09/28/07--01050--021 **150.00