

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 PM 11:02

DOCUMENT # L 99 00000 3057

1. Limited Liability Company's Name

OAKLAND BAY WAREHOUSES, L.L.C.
105 NUKMI DRIVE
FORT LAUDERDALE, FL 33301

2. Principal Office Address

105 NUKMI DR

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

5/21/99

6. FEI Number

65-1037402

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

HENRY WEISS

300003456463-0

Street Address (P.O. Box Number is Not Acceptable)

105 NUKMI DRIVE

-11/07/00--01144--007

****155.00 ****155.00

Suite, Apt. #, Etc.

FT. LAUDERDALE

City

State

FL

Zip Code

33301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/30/00

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	HENRY WEISS	105 NUKMI DRIVE	FT. LAUDERDALE, FL 33301
MGRM	CAROL WEISS	105 NUKMI DRIVE	FT. LAUDERDALE, FL 33301
MGRM	DAVID L. WEISSMAN	105 NUKMI DRIVE	FT. LAUDERDALE, FL 33301

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.

Signature of
Managing Member/Manager

[Signature]

Date 10/30/00

Daytime Phone # 954-489-0880

Typed or printed name of signing Managing Member/Manager

CAROL WEISS