

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

02 MAY -1 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/10/02--01005--030
****205.00 ****205.00

REINSTATEMENT

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

DOCUMENT # L99000003166

1. Limited Liability Company's Name

BOLD OAK CONSTRUCTION COMPANY, LLC

2. Principal Office Address

420 US Highway One

Suite, Apt. #, etc.

Suite 15

City & State

North Palm Beach, Florida

Zip

33408

Country

USA

3. Mailing Office Address

420 US Highway One

Suite, Apt. #, etc.

Suite 15

City & State

North Palm Beach, Florida

Zip

33408

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

June 2, 1999

6. FEI Number

65-0929217

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

Robert T. Knox

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

721 Huckleberry Lane

Suite, Apt. #, Etc.

City

North Palm Beach

State

FL

Zip Code

33408

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

Robert T. Knox

REGISTERED AGENT MUST SIGN

Date April 30, 2002

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
Mgr	Jack J. Enterline	1010 Grandview Blvd	FT. Pierce, FL 34982
Mgr	Robert T. Knox	721 Huckleberry Lane	North Palm Beach, FL 33408

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

Robert T. Knox, Mgr

Date April 30, 2002

Phone # 61-627-1734

Typed or printed name of signing Managing Member/Manager

Robert T. Knox

CR2E041 (9/01)

20f2

ROBERT T. KNOX
721 HUCKLEBERRY LANE
NORTH PALM BEACH
FLORIDA 33408
TELEPHONE 561-627-1734
FAX 561-627-3235

April 30, 2002

Department of State
Division of Corporations

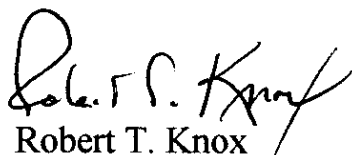
RE: Bold Oak Construction Company, LLC

Gentlemen:

Please forward the Certificate of Status for the above referenced
Company directly to Robert T. Knox, 721 Huckleberry Lane, North
Palm Beach, Florida, 33408.

Thank you for your cooperation.

Sincerely


Robert T. Knox