L99000008922

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008922

1. Limited Liability Company's Name
Oak Ridge, LLC

2. Principal Office Address	3. Mailing Office Address
1550 Mallet Ln.	2301 N. Old Rd 421 Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples	City & State: Bronwlle, NC
Zip: FL 34102 Country:	Zip: 27011 Country: USA

4. State/Country of Formation: Florida / USA
5. Date Organized or Qualified To Do Business in Florida: 12/13/99
6. FEI Number: 59-3419500 ☐ 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 Baldwin, Jr.
300028275973
02/05/04--01029--020 **350.00
Street Address (P.O. Box Number is Not Acceptable): 1550 Mallet Ln.
Suite, Apt. #, Etc.:
City: Naples State: FL Zip Code: 34102

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 Baldwin Jr. Date: 1/21/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Robert Baldwin, III	4117 OLD US HWY 421 E	YADKINVILLE, NC 27055
	REINSTATEMENT	2000 - 04	300028275973 02/05/04--01029--021 **5.00
		JM CUS	

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 Baldwin Jr. Date: 1/21/04 Daytime Phone #: (336) 408-6438

Typed or printed name of signing Managing Member/Manager: Robert M. Baldwin, III