
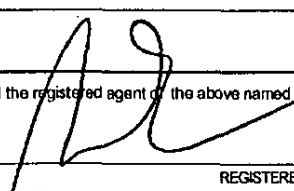
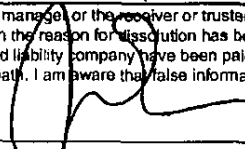


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000008922			
1. Limited Liability Company's Name Oak Ridge, L.L.C.			
2. Principal Office Address - No P.O. Box # 4117 Old US HWY 421 E Suite, Apt. #, etc.		3. Mailing Office Address 4117 Old US HWY 421 E Suite, Apt. #, etc.	
City & State Yadkinville, NC		City & State Yadkinville, NC	
Zip 27055	Country USA	Zip 27055	Country USA
8. Name and Address of Current Registered Agent			
Name Robert Baldwin, III			
Street Address (P.O. Box Number is Not Acceptable) Suite, 4117 Old US HWY 421 E			
Apt. #, Etc.			
City Yadkinville		State FL	Zip Code 27055
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Date June 6, 2016	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City/State/Zip
MGRM	Robert Baldwin, III	4117 Old US HWY 421 E	Yadkinville, NC 27055
11. E-mail Address: _____			
(To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member 		Date 6/6/16 Daytime Phone # 336-408-6438	
Typed or printed name of signing authorized representative/member Robert Baldwin, III			

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CR2E041 (1/14)

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business In Florida 12/13/99	
6. FEI Number 59-3619500	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	

FILED
JUN - 6 A 11:43
TALLAHASSEE, FLORIDA

L99000008922

file 1st
* do not separate
please *

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 159623 753090
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 1,210.00

2016 JUN -6 A 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : May 31, 2016
ORDER TIME : 1:41 PM
ORDER NO. : 159623-005
CUSTOMER NO: 7530907

DOMESTIC FILINGS

NAME: OAK RIDGE, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams EXT. 62935

EXAMINER'S INITIALS _____

RECEIVED
16 JUN -6 PM 4:13
SUFFICIENCY OF FILING