

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000000107

1. Entity Name
WESTERN OAKS TOWER, L.L.C.



FILED
2008 JUL 23 PM 1:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7300 N.W. 23RD STREET
BETHANY, OK 73008

Mailing Address
7300 N.W. 23RD STREET
BETHANY, OK 73008



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

06102008 REIN-LLC CR2E101 (1/07)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
73-1504056

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CALLAWAY, LAWRENCE C III, ESQ
21 NORTHEAST FIRST AVE.
OCALA, FL 34471

7. Name and Address of New Registered Agent
Name
Callaway, Lawrence C. III, Esq.
Street Address (P.O. Box Number is Not Acceptable)
333 N.W. 3rd Avenue
City Ocala FL Zip Code 34475

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 DATE 7/16/08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPLIN, BONNIE A 1700 SOUTH OCEAN BLVD., CRISTILLE 4-B POMPAÑO BEACH, FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	000133090280 07/17/08--01036--007 **277.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE 7/8/08 DAYTIME PHONE # 954/776-7688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE