

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 NOV -2 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M08000003265

1. Limited Liability Company's Name

DBSI Oak Ridge LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 12426 W. Explorer Drive		3. Mailing Office Address 12426 W. Explorer Drive	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Boise, Idaho		City & State Boise, Idaho	
Zip 83713	Country USA	Zip 83713	Country USA

4. State/Country of Formation Idaho/USA	
5. Date Organized or Qualified To Do Business in Florida 07/14/2008	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Incorp Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 17888 67th Court North			
Suite, Apt. #, Etc.			
City Loxahatchee	State FL	Zip Code 33470	

E-mail Address:
300213874663
11/01/11--01029--009 **521.25
jwarr@dbsi.com
(To be used for future annual report notices)

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 **Conrad Myers on behalf of Incorp Services, Inc.** Date **10/21/2011**

REGISTERED AGENT MUST SIGN

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	Conrad Myers, Trustee for DBSI Real Estate Liquidating Trust	12426 W. Explorer Drive, Suite 100	Boise, ID 83713

REINSTATEMENT 09-11

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. 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 Managing Member/Manager **Conrad Myers** Date **10/21/11** Daytime Phone # **208-287-1895**

Typed or printed name of signing Managing Member/Manager **Conrad Myers, Trustee for DBSI Real Estate Liquidating Trust, its Sole Member**