PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 10: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000432

Name and Mailing Address

0008238 01 FP 0.352 **PRSRT T5 0 0615 75001-680000

FAIR OAK, LLC
C/O GE CAPITAL CORPORATION
16479 DALLAS PKWY., SUITE 400
ADDISON TX 75001-6800

300009209563
11/25/02--01089--003 **150.00

2. New Mailing Address	**4.** State/Country of Formation DE
City, State, Zip	**5.** Date Organized or Qualified To Do Business in Florida 04/30/1998

Principal Place of Business C/O GE CAPITAL CORPORATION 16479 DALLAS PKWY., SUITE 400 ADDISON TX 75001-2512	**3.** New Principal Place of Business Address City, State, Zip	**6.** FEI Number 06-1504191	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	**9.** Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 _[signature]_ TAMMY TOFTEROO ASSISTANT SECRETARY   REGISTERED AGENT MUST SIGN   Date DEC 18 2002

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GE CAPITAL CORPORATION	2424 NORTH FEDERAL HIGHWAY, SUITE 318	BOCA RATON FL 33431
		REINSTATEMENT	

12. 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 _By: GE Capital Realty Group Inc_ _[signature]_ UP   Date _____   Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager   Jerry Toon