## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000086181

FILED Jan 12, 2006 Secretary of State

Entity Nar	ne: OAK STC	NE DEVELOPMENT, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
7359 OAK STONE DR. CLARKSTON, MI 48348				437 TREATY OAK LANE ST. AUGUSTINE, FL 32092		
Current Mailing Address:			New Maili	New Mailing Address:		
7359 OAK STONE DR. CLARKSTON, MI 48348				437 TREATY OAK LANE ST. AUGUSTINE, FL 32092		
FEI Number:	: 43-2056139	FEI Number Applied For ( )	FEI Number Not App	Olicable ( ) Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:		
1930 SAN	SAMUEL L MARCO BLVD VILLE, FL 322					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing	its registered office or registered agent, or both,		
SIGNATUR	RE: SAMUEL	L. LEPRELL				
	Electron	ic Signature of Registered Age	ent	Date		
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	t receive the prior notic	ce.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () EBERLE, CLIFF 7359 OAK STO CLARKSTON, M	NE DR.	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition MURPHY, ROBERT L 437 TREATY OAK LANE ST. AUGUSTINE, FL 32092		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP D ( ) Change (X) Addition HURST, ROBERT W 5366 HIGHWAY AVENUE JACKSONVILLE, FL 32205		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	S D ( ) Change (X) Addition LEPRELL, SAMUEL L 1930 SAN MARCO BOULEVARD, SUITE 201 JACKSONVILLE, FL 32207		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	T D ( ) Change (X) Addition PEPPERS, DONALD W 3063 HARTLEY ROAD, SUITE 3 JACKSONVILLE, FL 32257		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. MURPHY Ρ 01/12/2006