PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | 03 OCT -8 AH 8: 34 SECRETARY OF STATE TALLAMASSEE, PLORIDA | | | | | | | | |
|--|---|----------------|---|--------------------------|---|--|--|--|--|------------|-------------------|---------------------|------------------|-----------------|
| DOCUMENT # P91000088684 | | | | | | | | | | | | | | |
| Oakridge Venture, Inc. | | | | | 1 | renistatement _{ol} | | | | | | | | |
| 2. Principal Office Address 120 E. Colonial Drive 120 E. Colonial Drive | | | | | 000023635390 10/08/0301011007 **158.75 | | | | | | | | | |
| 120 2: 00:0::::::::::::::::::::::::::::: | | | | | ite, Apt. #, etc. | | | Date Incorporated or Qualified To Do Business in Florida | | | | 7 | | |
| | do, Flori | | | | Orlando, Florida | | | | 5. FEI Number Applied For 593472049 Not Applicable | | | _ | | |
| ^{Zip} 32801 | | Countr Orai | • | | 32801 | | Country Orange | | | | | tional Fee required | | |
| , | | | | | 7. N | ame and A | ddress of Current | Registere | ed Agent | | · | | | |
| | Name G & L Agent Services, Inc. | | | | | | | | | | | | | |
| | Street Add | ress (P.0 | O. Box Num | nber is No | ot Acceptable) | 390 No | orth Orange | Aven | ue | | | | | |
| | Suite, Apt. #, Etc. Suite 600 | | | | | | | | | | | | | |
| | City Or | lando | | | | | | | | State | Zip Code 32801 | | | |
| 8. L beign | | | | f the abov | e named coroc | ration am f | amiliar with and acc | ent the ob | ligations of section | | | 3. F.S. | | 0/02} |
| Signature o Registered | of | | | · ····· | GISTERED AG | | | | | Date | 09/26/0 | | | CR2E081 (10/02) |
| 9. Names | and Street A | ddresses | s of Each O | fficer and | /or Director (Fk | orida nonpro | ofit corporations mus | st list at lea | ast 3 directors) | | | | | - |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Directors Officer and/or Director | | | | | | City | // State / Zip | | | | | | | |
| D&P | | | | | 2651 Indian Creek Road | | | | Diamond Bar, CA 91765 | | | | | |
| | , , , | | | | | | | | | | | | | |
| | | _ | | | | | - " | | | | | | | 4 |
| | | | | | | | | | | | | | | \dashv |
| | | | | | | | | | | | | | | |
| this rei owed b on this | instatement ap by the corpora application is | plication | n, the reasor a been paid | n for disse and the (| olution has been names of individ | n eliminated. Juals listed d | o execute this applic the corporate name on this form do not de legs effect as if m | e satisfies ualify for a | the requirements in exemption und | of section | 607.0401 or | 617.0401, F.S | ., that all fees | |
| ANDIG | SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | | | | |
| | l | | | | U | | | | | | | | 71 10 | 19 |

ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

- Block 1 Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.
- Block 2 Type or print principal office address in Block 2.
- Block 3 Type or print the mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)
- **Block 4** Enter the date of incorporation or qualification for this corporation.
- Block 5 Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.
- Block 6 Your cancelled check will be your filing acknowledoment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7 Enter name of the registered agent and/or address. (The registered office address must be a Florida street address.)
- Block 8 The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0503, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.
- Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.
- Block 10 This report must be signed by an officer or a director of the corporation that is listed in Block 9 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

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Reinstatement Fee Annual Report Fee Corporate Supplemental Fee (Profit Corporations only)

Minimum Amount Due

PROFIT CORPORATION

\$600.00

\$ 61.25 (for each year dissolved)

\$ 88.75 (for each year dissolved 1992 forward)

\$750:00

NON-PROFIT CORPORATION

\$175.00

\$ 61.25 (for each year dissolved)

N/A

236,25

Fees to Reinstate* Effective January 1, 2003

| Fees to Remstate Elective January 1, 2003 | | | | |
|---|-------------|-----------------|--|--|
| YEAR | IF A PROFIT | IF A NON-PROFIT | | |
| DISSOLVED | CORPORATION | CORPORATION | | |
| 1993 | \$2,250.00 | \$848.75 | | |
| 1994 | 2,100.00 | 787.50 | | |
| 1995 | 1,950.00 | 726.25 | | |
| 1996 | 1,800.00 | 665.00 | | |
| 1997 | 1,650.00 | 603.75 | | |
| 1998 | 1,500.00 | 542.50 | | |
| 1999 | 1,350.00 | 481.25 | | |
| 2000 | 1,200.00 | 420.00 | | |
| 2001 | 1,050.00 | 358.75 | | |
| 2002 | 900.00 | 297.50 | | |
| 2003 | 750.00 | 236.25 | | |

^{*}If dissolved prior to 1993, call 850-245-6059 for filing fee information.

Mailing Address:

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Courier Service Address:

Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Internet Address:

http://www.sunbiz.org

(850) 245-6059

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

^{*}Add additional \$8.75 for each certificate of status requested.

GRONEK & LATHAM, LLP

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September 26, 2003

VIA U.S. MAIL

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Corporate Reinstatement for Oakridge Venture, Inc. (Our C/M #4733-001)

Dear Sir/Madam:

. . . .

Enclosed please a Corporation Reinstatement Form for Oakridge Venture, Inc. We are requesting a waiver of the reinstatement fee due to the fact that the corporation did not receive the Uniform Business Report.

We have enclosed a copy of our 2002 annual report. It appears the corporation's address was incorrectly entered as 802 East Church Street instead of 602 East Church Street (as indicated on the 2002 annual report). We have also enclosed a check made payable to the Florida Department of State in the amount of \$158.75 to cover the annual report fee, corporate supplemental fee and the issuance of one Certificate of Status.

GRONEK & LATHAM, LLP

FLORIDA DEPARTMENT OF STATE

· Division of Corporations September 26, 2003

Page 2

If you have any questions, please do not hesitate to contact me.

Sincerely yours,

Gregory W. Meier

GWM/mla Enclosure

Acknowledgement

OAKRIDGE VENTURE, INC.

By:

Pei-Hsung Hu

Its:

President