

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL -8 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 43125

1. Corporation Name

OASIS ASSOCIATES INC.

Principal Place of Business

Mailing Address

23055 S.W. 180 COURT
MIAMI FL. 33170

23055 S.W. 180 COURT
MIAMI FL. 33170

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-12-86

5. FEI Number

59-2745790

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	CLARENCE M. FOLKERS	23055 S.W. 180 COURT	MIAMI FL. 33170

REINSTATEMENT

9/1-98

5/1-10-98

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-07/14/98--01008--013

***1711.25 ***1711.25

8. Name and Address of Current Registered Agent

HAMMONS FOY H.
13501 S.W. 84 TH AVE
MIAMI FL. 33156

9. Name and Address of New Registered Agent

Name

CLARENCE M. FOLKERS

Street Address (P.O. Box Number is Not Acceptable)

23055 S.W. 180 CT.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33170

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

C. Foy Hammons
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

C. Foy Hammons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/98 (305)247-8480
Date Daytime Phone #