

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 AUG 24 PM 12:17

DOCUMENT # N03000004339

1. Corporation Name

OASIS ON THE BEACH CONDOMINIUM ASSOCIATION, INC.

700059177977
08/31/05--01035--012 **253.00

2. Principal Office Address

5750 NW 111 ST

3. Mailing Office Address

5750 NW 111 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33012

Country

USA

Zip

33012

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/22/03

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

THOMAS G SHERMAN ESQ PA

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

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **AUGUST 16, 2005**

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	Street Address of Each Officer and/or Director	City / State / Zip-
PD	ALEJANDRO RIOCABO	5750 NW 111 STREET	HIALEAH, FL 33012
VSTD	ANGELA M. RIOCABO	5750 NW 111 STREET	HIALEAH, FL 33012
VD	ANGELA M. RIOCABO	5750 NW 111 STREET	HIALEAH, FL 33012

700059177977
08/31/05--01035--013 **44.50

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/05

Date

305-448-5898

Daytime Phone #

CR2E081 (01/05)

8 Mitchell AUG 24 2005