PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY -3 PM 3:18

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05/03/10--01004--012 **450.00

CR2E081 (1/07)

DOCUMENT # P07000079734

1. Corporation Name

OASIS PLAZA INVESTMEN INC
19 HARBOR DR.
Key Biscayne FL. 33149-1411

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
19 HARBOR DR		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		SAME	
City & State		City & State	
Key Biscayne FL.		SAME	
Zip	Country	Zip	Country
33149		SAME	

4. Date Incorporated or Qualified To Do Business In Florida 07/12/07

5. FEI Number 26-1079265 ☐ 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: PEDRO ORTA

Street Address (P.O. Box Number is Not Acceptable): 19 HARBOR DR

Suite, Apt. #, Etc.:

City: Key Biscayne | State: FL | Zip Code: 33149

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date 4/30/2010

REGISTERED AGENT MUST SIGN

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
P	Pedro ORTA	19 HARBOR DR.	Key Biscayne, FL. 33149
			BS 5/3/10
	REINSTATEMENT 08-10		

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 contained in Chapter 119, 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: _____ 4/30/2010 305 798-3137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #