

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000064844

1. Corporation Name

BARGAIN OASIS, INC

800023622108
10/07/03--01066--019 **750.00

2. Principal Office Address

101 SUNNYTOWN ROAD

3. Mailing Office Address

101 SUNNYTOWN ROAD

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

CASSELBERRY, FL

City & State

CASSELBERRY, FL

Zip

32707

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3585064

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

WILTON WHITCOMB

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

101 SUNNYTOWN ROAD

Suite, Apt. #, Etc.

SUITE 310

City

CASSELBERRY

State

FL

Zip Code

32707

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

9-30-03

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
DP	JOHN D THEDFORD	101 SUNNYTOWN ROAD SUITE 310	CASSELBERRY, FL 32707
DVTS	WILTON WHITCOMB	101 SUNNYTOWN ROAD SUITE 310	CASSELBERRY, FL 32707

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-30-03 387 407-18-0064

Daytime Phone #

CR2E081 (10/02)

71 10/23