

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 29 PM 4:05

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000091439

1. Corporation Name

Oasis Home Care, Inc

2. Principal Office Address

901 Northpoint Parkway

Suite, Apt. #, etc.

Suite 115

City & State

West Palm Beach

Zip

33408

Country

USA

3. Mailing Office Address

901 Northpoint Parkway

Suite, Apt. #, etc.

Suite 115

City & State

West Palm Beach

Zip

33408

Country

USA

REINSTATEMENT 03

10/21/03 0103D-008 758-75

4. Date Incorporated or Qualified To Do Business in Florida

11/98

5. FEI Number

65-878332

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

Colleen Christman-Graver

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

2095 Radnor Court

Suite, Apt. #, Etc.

City

North Palm Beach

State
FL

Zip Code
33408

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

Colleen Christman-Graver

REGISTERED AGENT MUST SIGN

Date 10/15/03

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
presider	Colleen Christman-Graver	2095 Radnor Ct	North Palm Beach, FL 33408

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:

Colleen Christman-Graver

Colleen Christman- Graver

10/15/2003 561-687-2755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/03