

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 APR 16 AM 8:24

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000003657

1. Limited Liability Company's Name

Oasis Properties of Florida, L.L.C.

2. Principal Office Address

1840 Miami Springs Ave

Suite, Apt. #, etc.

City & State

Miami Springs FL

Zip

33166

Country

U.S.A.

3. Mailing Office Address

1840 Miami Springs Ave

Suite, Apt. #, etc.

City & State

Miami Springs FL

Zip

33166

Country

U.S.A.

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

2-14-02

6. FEI Number

05-0535173

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Perez, Gonzalo Jr.

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

2151 Lejeune Road

Suite, Apt. #, Etc.

Suite # 204

City

Coral Gables

State
FL

Zip Code

33134

100035824661
05/10/04 01009 026 **205.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/2/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	<u>Egido Gonzalez</u>	<u>1840 Miami Springs Ave</u> <u>Miami Springs, FL 33166</u>	<u>Miami Springs, FL 33166</u>
MGR	<u>Lilian Gonzalez</u>	<u>1840 Miami Springs Ave</u> <u>Miami Springs, FL 33166</u>	<u>Miami Springs, FL 33166</u>

REINSTATEMENT 2003-04

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date

4-2-04

Daytime Phone#

305-885-7667

Typed or printed name of signing Managing Member/Manager

Egido Gonzalez

CR2E041 (10/02)