

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

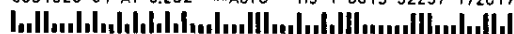
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L02000034364

Name and Mailing Address

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OASIS CAMPING, LLC  
9017 BLALOCK COURT  
JACKSONVILLE FL 32257-1720



*BAJH*

*12/10-2003*

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/20/2002	
Principal Place of Business 9017 BLALOCK COURT JACKSONVILLE FL 32257	3. New Principal Place of Business Address	6. FEI Number 22-3888006	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD ST. JACKSONVILLE BEACH FL 32250		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
10. I, being appointed the registered agent of the named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		Date <i>12/8/03</i>	
<i>CL</i>		<i>SIGNATURE REQUIRED</i>	
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FISCHER, LAURIE	9017 BLALOCK COURT	JACKSONVILLE FL 32257

CR2E084 (7/03)

12. 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

Typed or printed name of signing Managing Member/Manager

Date *11/12/03* Daytime Phone *904-504-4999*

**REINSTATEMENT** *2003*