

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L03000001754**

1. Limited Liability Company's Name

**OASIS VENTURE GROUP, LLC**

**FILED**  
09 JUN 30 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
06/22/09--01046--012 \*\*\$55.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

**3500 University Boulevard North**

Suite, Apt. #, etc.

**Suite 710B**

City & State

**Jacksonville, FL**

Zip

**32277**

Country

**USA**

3. Mailing Office Address

**PO BOX 8884**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL**

Zip

**32239**

Country

**USA**

4. State/Country of Formation

**Florida, United States**

5. Date Organized or Qualified

To Do Business In Florida **Jan 13, 2003**

6. FEI Number

**331041355**

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

**EDWARD C. AKEL**

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

**ONE INDEPENDENT DRIVE**

Suite, Apt. #, Etc.

**2301**

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32202**

☒ A \$100 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 \$100  
reinstatement be waived.

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

*Edward C. Akel*

Date **6/19/09**

REGISTERED AGENT MUST SIGN

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
MMGR	LAMONTE W. CARTER	3500 University Blvd N, Suite 710B	Jacksonville, FL 32277

JB

**REINSTATEMENT 2006-09**

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

*L. W. Carter*

Date

**6/18/09**

Daytime Phone #

**904-714-8161**

Typed or printed name of signing Managing Member/Manager **LAMONTE W. CARTER, MEMBER MANAGER**

232

**HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.**

ATTORNEYS AT LAW

ONE INDEPENDENT DRIVE, SUITE 2301

JACKSONVILLE, FLORIDA 32202-5059

EDWARD C. AKEL  
KATHLEEN HOLBROOK COLD  
DANIEL D. AKEL  
H. LEON HOLBROOK, III  
JOHN R. STIEFEL, JR.  
THOMAS R. RAY  
BETHANY RAY REICHARD  
HEATHER L. VISALI

H. LEON HOLBROOK  
(926-2005)

TELEPHONE  
(904) 356-6311

FACSIMILE  
(904) 356-7330

**FILED**

09 JUN 30 PM 2:55

SECRETARY OF STATE  
JUNE 19, 2009 TALLAHASSEE, FLORIDA

**Via Federal Express**

Florida Department of State  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: Oasis Venture Group, LLC – Reinstatement

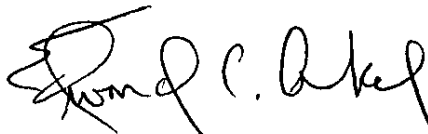
Dear Ladies and Gentlemen:

Enclosed is the reinstatement form together with check in the amount of \$555.00 for annual report fee for 2006, 2007, 2008 and 2009 to reinstate this limited liability company.

It was involuntarily dissolved in 2006 for failure to file the 2006 Annual Report.

Please reinstate this company and advise the undersigned of same. Thank you for your assistance and cooperation.

Very truly yours,



EDWARD C. AKEL

ECA/lm  
Enclosures

cc: Mr. Lamonte W. Carter (by email)