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Division of Corporations
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To:

Division of Corporations
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Email Address: AALIAJ@DISMANAGEMENT.COM**FILED**
2016 DEC 22 A 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**LIMITED LIABILITY REINSTATEMENT
OASIS ACQUISITION, LLC**

Certificate of Status	0
Certified Copy	.1
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December 19, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT:
REF: F0500004987

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.


Carol Mustain
Regulatory Specialist II

FAX Aud. #: H16000307680
Letter Number: 716A00026847

P.O. BOX 6327 - Tallahassee, Florida 32314

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000002895			
1. Limited Liability Company's Name Oasis Acquisition, LLC			
2. Principal Office Address - No P.O. Box# 550 Post Oak Blvd.		3. Mailing Office Address 550 Post Oak Blvd.	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400	
City & State Houston, TX		City & State Houston, TX	
Zip 77027	Country USA	Zip 77027	Country USA
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 01/12/2004			
6. FEI Number 20-0570556		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Yes (no additional fee required for a certificate of status)			
8. Name and Address of Current Registered Agent			
Name Capitol Corporate Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) Suite, 155 Office Plaza Drive			
Apt. #, Fl. Suite A			
City Tallahassee		State FL	Zip Code 32301
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent: <u>Teresa Sharpley</u> Teresa Sharpley, Asst. Sec. on behalf of Capitol Corporate Services, Inc. Date: <u>12/20/2016</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	David Saperstein	550 Post Oak Blvd., Suite 400	Houston, TX 77027
MGR	Jonathan Saperstein	550 Post Oak Blvd., Suite 400	Houston, TX 77027
REINSTATEMENT 2016			
11. E-mail Address: <u>aaliaj@dismanagement.com</u> (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.			
Signature of authorized representative/member <u>David Saperstein</u>		Date <u>12/19/18</u>	Daytime Phone # <u>713-613-5811</u>
Typed or printed name of signing authorized representative/member <u>David Saperstein</u>			