

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10: 08

CR2E041 (8/05)

DOCUMENT # L04000006837

1. Limited Liability Company's Name

ASIAN OASIS, LLC

2. Principal Office Address

4961 Bonsai Circle

Suite, Apt. #, etc.

203

City & State

Palm Beach Gardens, FL.

Zip

33418

Country - USA

Palm Beach

3. Mailing Office Address

27 Bearskin Neck

Suite, Apt. #, etc.

City & State

Rockport, MA.

Zip

01966

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

01/26/04

6. FEI Number

20-0651078

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

Justin Christopher

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

4961 Bonsai Circle

Suite, Apt. #, Etc.

203

City

Palm Beach Gardens

State

FL

Zip Code

33418

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

Justin Christopher

REGISTERED AGENT MUST SIGN

Date 10/17/06

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
M.	Justin Christopher	4961 Bonsai Circle #203	Palm Beach Gardens, FL. 33418
M.	Karin Antanaitis	" same "	same

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REINSTATEMENT 05-06

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

Justin Christopher

Date 10/17/06

Daytime Phone # 978-290-3861

Typed or printed name of signing Managing Member/Manager

Justin Christopher