

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000048132

1. Limited Liability Company's Name

OASIS COTTAGE, LLC

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

935 Whitehall Pkwy.

Suite, Apt. #, etc.

City & State

Montgomery,

Zip

36109

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida/Walton

**5. Date Organized or Qualified
To Do Business in Florida**

25 JUN 2004

6. FEI Number

☐ 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

Wayne Williamson

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

1020 So. Ferdon Blvd.

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32536

☒ 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**

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/29/08

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
MgrM	Jan M. Kotouc	935 Whitehall Pkwy	Montgomery, AL 36109
MgrM	Thomas O. Kotouc	935 Whitehall Pkwy.	Montgomery, AL 36109

REINSTATEMENT 05-08

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 10 22 08 **Daytime Phone#** 334 409 0088

Typed or printed name of signing Managing Member/Manager Thomas O. Kotouc