

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2014 MAY -7 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L04000058579

1. Limited Liability Company's Name

The Oasis Condominiums, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>612 Golf Park Drive</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>612 Golf Park Drive</b> Suite, Apt. #, etc.	
City & State <b>Kissimmee, Florida</b>		City & State <b>Kissimmee, Florida</b>	
Zip <b>34747</b>	Country <b>United States</b>	Zip <b>34747</b>	Country <b>United States</b>

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified  
To Do Business in Florida  
August 6, 2004

6. FEI Number  
**86-1129257**

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 <b>Michael T. Dowling</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>612 Golf Park Drive</b>		
Suite, Apt. #, Etc.		
City <b>Kissimmee</b>	State <b>FL</b>	Zip Code <b>34747</b>

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05/07/14--01003--017 \*\*685.00

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

*Michael T. Dowling*  
REGISTERED AGENT MUST SIGN

Date **4-15-14**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Michael T. Dowling	612 Golf Park Drive	Kissimmee, Florida 34747
AR	William David Johnson	1108 Center Drive	Rogersville, Missouri 65742

REINSTATEMENT 11-14  
JC

11. E-mail Address: **mdowling@meskerdoor.com**

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Michael T. Dowling*

Date **4-15-14**

Daytime Phone # **636-579-9904**

Typed or printed name of signing Authorized Representative/Manager **Michael T. Dowling**