

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

10 MAY 12 AM 8:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L04000062877

1. Limited Liability Company's Name

RIVERSIDE OASIS PARTNERS, LLC

100178000031 04/27/10--01017--008 \*\*277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 17 AVE. D Suite, Apt. #, etc. City & State APALACHICOLA, FL. Zip 32320 Country USA

3. Mailing Office Address P.O. Box 982 Suite, Apt. #, etc. City & State APALACHICOLA, FL. Zip 32320 Country USA.

4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 8/20/04 6. FEI Number 201591738 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 NICHOLAS YONCLAS Street Address (P.O. Box Number is Not Acceptable) 19 ISLAND DRIVE Suite, Apt. #, Etc. City EASTPOINT State FL Zip Code 32328

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] Date 4/26/10 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Rows include Stanton Ward and Robby Payton at Lake Forest Lane, Wilsonville, AL.

11. E-mail Address: DSTANTONWARD@YAHOO.COM (To be used for future annual report notifications)

12. 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. Signature of Managing Member/Manager: Stanton Ward, Date: 4/26/10, Daytime Phone #: 850-899-1230

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REINSTATEMENT 2007-10

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 28, 2010

RIVERSIDE OASIS PARTNERS, LLC  
PO BOX 982  
APALACHICOLA, FL 32320

SUBJECT: RIVERSIDE OASIS PARTNERS, LLC  
Ref. Number: L04000062877

We have received your document for RIVERSIDE OASIS PARTNERS, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$555.00.

We need an additional check in the amount of \$277.50

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 710A00010522