L09000046310

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From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
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LIMITED LIABILITY REINSTATEMENT

OASIS UPH, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000046310

1. Limited Liability Company's Name

OASIS UPH, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7048 MONTRICO DR.	7048 MONTRICO DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33433 Country:	Zip: 33433 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 5/10/2005

6. FEI Number: 20-0818061 Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: AGENTS AND CORPORATIONS, INC.

Street Address (P.O. Box Number is Not Acceptable): 300 FIFTH AVENUE SOUTH

Suite, Apt. #, Etc.: SUITE 101-330

City: NAPLES State: FL Zip Code: 34102

☐ 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: David J. Williams Date: 7/31/09

REGISTERED AGENT MUST SIGN

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
MGR	EUGENE SHVIRSKY	7048 MONTRICO DR.	BOCA RATON, FL 33433
MGR	GREGORY GUZMAN	7048 MONTRICO DR.	BOCA RATON, FL 33433
MGR	JAMES TRUB	7048 MONTRICO DR.	BOCA RATON, FL 33433

REINSTATEMENT 06-09

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 608.408, 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: 7/20/09 Daytime Phone #: 215-327-6642

Typed or printed name of signing Managing Member/Manager: _____