2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000084934

Entity Name: TROPICAL OASIS "LLC"

FILED Nov 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6714 S MASCOTTE ST. 5009 E COLONIAL DRIVE TAMPA, FL 33616

TAMPA, FL 33611

Current Mailing Address: New Mailing Address:

PO BOX 18969

TAMPA, FL 33679 US

FEI Number: 20-3531676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANCHEZ, BRIAN T SANCHEZ, BRIAN T 6714 S MASCOTTE ST. 5009 E COLONIAL DRIVE TAMPA, FL 33616 TAMPA, FL 33611 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRIAN T SANCHEZ 11/13/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition () Delete

SANCHEZ, BRIAN T Name: Name: Address: 6714 S MASCOTTE ST. Address: City-St-Zip: TAMPA, FL 33616 US City-St-Zip:

Title: (X) Delete Title: () Change () Addition

Name: WILLIAMS, MARY D Name: Address: 6714 S MASCOTTE ST. Address: City-St-Zip: TAMPA, FL 33616 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN T SANCHEZ 11/13/2009