

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 NOV 16 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/09)

DOCUMENT # L07000123792

1. Limited Liability Company's Name

THE CAFE OASIS, LLC

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

2922 GREYSTONE DR.  
Suite, Apt. #, etc.

3. Mailing Office Address

2922 GREYSTONE DR.  
Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

12/12/2007

6. FEI Number

26-1589542

☐ Applied For

☐ Not Applicable

\$5.00 Additional Fee required  
for a Certificate of Status

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

DAVID E. LEMAY

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

2922 GREYSTONE DR.

Suite, Apt. #, Etc.

City

PACE

State

FL

Zip Code

32571



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 fee 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

Date 11/4/09

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
MEM	BRIAN LAND	2345 LAUREL BLOSSOM GR	OCFEE FL 34761
MEM	ANGELA K. LEMAY	2922 GREYSTONE DRIVE	PACE, FL 32571
MEM	DAVID E. LEMAY	2922 GREYSTONE DR	PACE, FL 32571
<b>REINSTATEMENT 0809</b>			
500162577305 11/08/09--01045--010 **277.50			
AL			

11. E-mail Address: JOE@HURD-FINLEY.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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

Date 11/4/09

Daytime Phone # 850-304-8681

Typed or Printed name of signing Managing Member/Manager DAVID E. LEMAY