


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L46121		
1. Entity Name OASIS TREE FARM, INC.		

**FILED**  
05 JAN 14 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business P.O. BOX 539 PAHOKEE, FL 33476	Mailing Address P.O. BOX 539 PAHOKEE, FL 33476
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2. Principal Place of Business 400 Madison Avenue Suite, Apt. #, etc. Suite 1101 City & State New York, NY Zip 10017 Country USA	3. Mailing Address 400 Madison Avenue Suite, Apt. #, etc. Suite 1101 City & State New York, NY Zip 10017 Country USA
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01042005 REINLP CR2E098 (6/04) **REINSTATEMENT** **11-05**  
65-0171723  
5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  YUSEM, HENRY 1600 NW 2ND AVE #16 BOCA RATON, FL 33432	
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 372 Barfield Highway City Pahokee FL Zip Code 33476	
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9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 1/10/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD YUSEM, HENRY H. 7393 ORANGEWOOD LANE BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Taso Kalapoutis 400 Madison Avenue, Suite 1101 New York, NY 10017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS YUSEM, RICHARD, G 389 OREGON LANE BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600044766226 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  TASO KALAPOUTIS 1/10/05 212-644-9691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #