

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # **N02000002990**

1. Corporation Name

OASIS MINISTRY OF WEST PALM BEACH INC.

Principal Place of Business

Mailing Address

463 SEMINOLE DRIVE
LANTANA FL 33467

463 SEMINOLE DRIVE
LANTANA FL 33467

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 33462 Country

Zip 33462 Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	MEJIA, JORGE	463 SEMINOLE DRIVE	LANTANA FL 33467
D	Silvia Aguirre	433 WALDER ST.	WEST PALM BEACH FL 33405
D	MARTHA MEJIA	463 SEMINOLE DR.	LANTANA FL 33463
D	PATRICIA RIOS	5814 S. RUE RD.	WEST PALM BEACH FL 33415

8. Name and Address of Current Registered Agent

FUNCKE, ROLAND A
601 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34984

9. Name and Address of New Registered Agent

Name: Corporate Creations Network Inc.
Street Address (P.O. Box Number, is Not Acceptable): 11360 Prosperity Farms Road
Suite, Apt. #, Etc: #221E
City: Palm Beach Gardens State: FL Zip Code: 33410

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [Signature] Dawn Shutt, Assistant Secretary Date: 10/31/03
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Jorge Mejia JORGE MEJIA Date: 10-30-03 (SGI) 596-9883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (7/03)