

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -7 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002420

1. Corporation Name

Love Oasis, Inc.

2. Principal Office Address

24181 SW 217 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL 33133

Zip

Country

USA

3. Mailing Office Address

24181 SW 217 Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33133 USA

REINSTATEMENT 98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/28/97

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARIO MARRERO

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

24181 SW 217 Avenue

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mario Marrero

REGISTERED AGENT MUST SIGN

Date

1/23/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VPD President	Antonio Pérez López	Calle 33 2F-15, Urb. Riverview	Bayamón, P.R. 00961
PDS President	MARIA V. FELICIER ESCALERA	Calle 33 2F-15 Urb. Riverview	Bayamón P.R. 00961
D	MARIO MARRERO	24181 SW 217 AVE	Miami, FL 33133
	↑ added per William Davis		
			600003744916--6 -02/21/01--01040--008 ****420.00 ****420.00

10. 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:

Maria V. Felicier Escalera
Maria V. Felicier Escalera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/2001

Daytime Phone #

1-787
269-4436

CP2E081 (3/99)