

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -1 AM 10: 57

REINSTATEMENT 05-06



10072005 REIN-P CR2E098 (6/04)

DOCUMENT # P01000083294	
1. Entity Name RBH OASIS ENTERPRISES, INC.	



Principal Place of Business 6821 NW 45TH ST. LAUDERHILL, FL 33319	Mailing Address 6821 NW 45TH ST. LAUDERHILL, FL 33319
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2. Principal Place of Business 651-A.W. 17th St. Suite, Apt. #, etc.	3. Mailing Address 651-A.W. 17th St. Suite, Apt. #, etc.
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City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33060	Zip 33060
Country U.S.A.	Country U.S.A.

6. Name and Address of Current Registered Agent ROBINSON, MARLOWE D 6821 NW 45TH ST., LAUDERHILL, FL 33319	
7. Name and Address of New Registered Agent Name Robinson, Marlowe D. Street Address (P.O. Box Number is Not Acceptable) 651 A.W. 17th St. City Pompano Beach FL Zip Code 33060	

8. 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 Marlowe D. Robinson DATE 1-1-06

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

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROBINSON, MARLOWE D 3910 SW 12TH CT #3 FORT LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Robinson, Marlowe D. 651 A.W. 17th St Pompano Beach, FL 33060 <input checked="" 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
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
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
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
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: Marlowe D. Robinson DATE 1-1-06 DAYTIME PHONE # 954-658-8529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000934-4542