2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000100438					FILEU		
Entity Name OASIS SALOON, INC.					NOV 17 PM 12: 2	يا	
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Principal Plac	e of Business	- Mailing Address	WE TO	SEC	THE TARY OF STAT TAHASSEE, FLORE	DAar	
8230 DONALDSON DR. 8230 DONALDSON DR.					DMINY SAME COLUMN AND	yes	
TAMPA, FL 3	33615	TAMPA, FL 33615	**			44.	
2 Principal P	Place of Business	3. Mailing Address					
Z. Frincipair	lace of business	. Mailing Address			anter iigii galii aasis aasat iigii kaifi i		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		TO THE PARTY OF	MEMENT	E098 (6/04) 0	
City & State		City & State		FEI Numbe	1	Applied For	
Zip Country		Zip Country		59-3753719		Not Applicable \$8.75 Additional	
		****		· - ` - ` - ` -		Fee Required	
Name					Address of New Registered	Agent	
TORRES, ANDRES J 8230 DONALDSON DR.			Street Addres	ss (P.O. Box Numbe	r is Not Acceptable)		
TAMPA, F							
City					-9-50-0	Zip Code	
t The obeyo	parand antity of health this statement for	*			FI	→ '	
the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office of regi	stered agent, or bot	n, in the State of Florida. Fam	i familiar with, and accept	
SIGNATURE	_		,		and the second s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
, '	Signature, typed or printed name of registered agent ar	vid title if applicable. (NOTI	E: Registered Agent signature n	equired when reinstating)	DATE		
	LE NOW!!! FEE IS \$150.00	1 7.54	š,		In accordance with s. 60	7.193(2)(b), F.S., the	
	nuary 1, 2005, Fee will be \$300.00		tile i	* ** **	corporation did not receive		
10.	OFFICERS AND D	DIRECTORS Delete	11.	ADDITIONS/	CHANGES TO OFFICERS AN	D DIRECTORS IN 11 Change	
NAME	TORRES, ANDRES J				یاں بیسان وسین ریٹس اور		
STREET ADDRESS CITY-ST-ZIP	8230 DONALDSON DR. TAMPA, FL 33615		STREET ADDRESS CITY-ST-ZIP	1171	00042828 7/040102801	3659U 8 **150.00	
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CITY-ST-ZIP CITY-ST-ZIP							
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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if							
I of the cor	rporation or the receiver or trustee empor , or on an attachment with an address, w	wered to execute this report	as required by Chapter	607, Florida Statute	s; and that my name appears	in Block 10 or Block 11 if	
SIGNAT	TURE:	34-			•		
<u> </u>	SIGNATURE AND TOPED OR PE	INTED NAME OF SIGNING OFFICER	ОЯ ВІЯЕСТОЯ		Date	Daytime Phone #	