


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 20 PM 4:27

DOCUMENT # *Oasis Therapeutic Center Inc.*
1. Corporation Name

PO1000115733

REINSTATEMENT *02-04*

800042014738

*10/20/04--01033--004 **1050.00*

2. Principal Office Address <i>2520 W. Oakland Park Blvd</i>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Oakland Park FL</i>		City & State	
Zip <i>33311</i>	Country <i>USA</i>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <i>12-2001</i>	
5. FEI Number <i>80-0007586</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <i>Stephanye Ramjit</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>14715 Garden dr.</i>	
Suite, Apt. #, Etc.	
City <i>Miami</i>	State <i>FL</i>
Zip Code <i>33168</i>	

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 <i>[Signature]</i>	Date <i>10-18-04</i>
REGISTERED AGENT MUST SIGN	

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
<i>President</i>	<i>Stephanye Ramjit</i>	<i>14715 Garden dr</i>	<i>Miami, FL-33168</i>

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: <i>[Signature]</i>	Date <i>10-18-04</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # <i>954 5885322</i>	

CR25081 (01/04)

10/22/04