


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 DEC -8 PM 1:05	
DOCUMENT # P0200007785 1. Corporation Name OASIS LIMOUSINE INC.					
2. Principal Office Address 1195 57TH STREET NORTH		3. Mailing Office Address PO BOX 41215			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. PETERBURG, FL		City & State ST. PETERBURG, FL			
Zip 33710	Country PINELLAS	Zip 33743	Country PINELLAS		
4. Date Incorporated or Qualified To Do Business in Florida 07/09/2002				5. FEI Number 27-0020821	
				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name TRACEY M MILETTE					
Street Address (P.O. Box Number is Not Acceptable) 1195 57TH STREET NORTH					
Suite, Apt. #, Etc.					
City ST. PETERBURG				State FL	Zip Code 33710
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 _____ Date _____ 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	
P	TRACEY M MILETTE	1195 57TH STREET NORTH		ST. PETERBURG, FL 33710	
VP	CARLOS R QUILES	1195 57TH STREET NORTH		ST. PETERBURG, FL 33710	
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>Tracey M Milette</i>		12/05/05 727-346-9450			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	