


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000005896		
1. Entity Name OASIS LOS PALACIOS, INC.		

Principal Place of Business 690 WEST 63RD. DR. HIALEAH, FL 33012 US	Mailing Address 690 WEST 63RD. DR. HIALEAH, FL 33012 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent GARCIA, JOSE Y 690 WEST 63RD. DR. HIALEAH, FL 33010	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$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	PD GARCIA, JOSE Y 690 WEST 63RD. DR. HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200104425382 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/15/07--01030--015 **\$300.00
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
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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 exemptions contained in Chapter 119, 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: Jose Y Garcia 5/1/07 (305)364-7457
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

FILED

07 MAY 23 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT
06-07



05012007 REIN-P CR2E098 (1/07)

4. FEI Number 20-2207000 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required