

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000127608

**FILED**  
**Mar 12, 2008**  
**Secretary of State**

**Entity Name:** GOLDEN OASIS ASSISTED LIVING FACILITY AND SERVICES, INC.

**Current Principal Place of Business:**

344 VIA TUSCANY LOOP  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

344 VIA TUSCANY LOOP  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 54-2182862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEORGES, SAMUEL  
344 VIA TUSCANY LOOP  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

PAUL, MYRIAM  
344 VIA TUSCANY LOOP  
LAKE MARY, FL 32746 US

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.

SIGNATURE: MYRIAM PAUL

03/12/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GEORGES, SAMUEL  
Address: 344 VIA TUSCANY LOOP  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: PAUL, MYRIAM  
Address: 344 VIA TUSCANY LOOP  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRIAM PAUL

D

03/12/2008

Electronic Signature of Signing Officer or Director

Date