2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000136734

Entity Name: OASIS DIVERSIFIED, INC.

FILED Nov 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14315 LINDEN DR. SPRING HILL, FL 34609 **Current Mailing Address: New Mailing Address:** 14315 LINDEN DR. SPRING HILL, FL 34609 FEI Number: 20-3566937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHORT, PAUL R 1214 W. BEARSS AVE. TAMPA, FL 33613 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: PAUL R SHORT 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GAISER, GREGORY Name: Name: GAISER, GREGORY G 14315 LINDEN DR. 14315 LINDEN DR. Address: Address: City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: SPRING HILL, FL 34609 (X) Delete Title: Title: () Change () Addition Name: ELHADDAD, MICHEL Name: STATION FOUAD ELHADDAD Address: Address: BAABDAT ELMATEN LEBANON, City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition ELHADDAD, EMIL FOUAD Name: Name: STATION FOLIAD FLHADDAD Address: Address: City-St-Zip: BAABDAT ELMATEN LEBANON, City-St-Zip: () Delete Title: Title: (X) Change () Addition ELHADDAD, CAMIL FOUAD FADDOUL, RITA Name: Name: Address: STATION FOUAD ELHADDAD Address: 28314 BROKEN MEAD PATH City-St-Zip: City-St-Zip: BAABDAT ELMATEN LEBANON. WESLEY CHAPEL, FL 33543 Title: Title: () Delete () Change () Addition FADDOUL, GHASSAN Name: Name: 28314 BROKEN MEAD PATH Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33543 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: GREGORY G GAISER PR 11/18/2008