

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAR 19 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P05000147038**

1. Corporation Name

**OASIS SALON SPA, INC**

000172647060  
03/22/10--01001--003 \*\*758.75

CR2E081 (11/09)

|  |         |  |         |
|--|---------|--|---------|
| 2. Principal Office Address - No P.O. Box #<br><b>2449 University Blvd N</b> |         | 3. Mailing Office Address<br><b>Same</b> |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.                      |         |
| City & State<br><b>Jacksonville Florida</b>                                  |         | City & State                             |         |
| Zip<br><b>32211</b>  | Country | Zip                                      | Country |

|  |   |
|--|---|
| 4. Date Incorporated or Qualified<br>To Do Business in Florida <b>11/03/2005</b>   |   |
| 5. FEI Number<br><b>20-1480384</b>   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required<br>for a Certificate of Status |   |

|  |                    |                          |  |
|--|--------------------|--------------------------|--|
| 7. Name and Address of Current Registered Agent                                  |                    |                          |  |
| Name<br><b>Rowland V. Williams</b>   |                    |                          |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>6411 Arlington Road</b> |                    |                          |  |
| Suite, Apt. #, Etc.<br><b>Suite 01</b>   |                    |                          |  |
| City<br><b>Jacksonville</b>  | State<br><b>FL</b> | Zip Code<br><b>32211</b> |  |

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **03/19/10**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip            |
|---------|--------------------------------------|---|-------------------------------|
| CEO/S/D | <b>Doris Jones</b>                   | <b>2449 University Blvd N</b>                     | <b>Jacksonville FL 32211</b>  |
| P/T/D   | <b>Joanne Mogbeyiteren</b>           | <b>2449 University Blvd N</b>                     | <b>Jacksonville FL 32211</b>  |
| VP/D    | <b>Daryl E. Jones</b>                | <b>2449 University Blvd N.</b>                    | <b>Jacksonville, FL 32211</b> |
| COO/D   | <b>Blessing I. Mogbeyiteren</b>      | <b>2449 University Blvd N.</b>                    | <b>Jacksonville, FL 32211</b> |
|         | <b>REINSTATEMENT</b>                 | <b>RH</b>   |                               |

10. E-mail Address: **rowland@vbservices.net**

(To be used for future annual report notification)

11. 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. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/19/10

Daytime Phone #