## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000099131

Entity Name: OASIS MEDICAL DAY SPA. INC

FILED Nov 17, 2009 Secretary of State

Entity Nar	me: OASIS IV	TEDICAL DAY SPA, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
16700 US MT. DORA	HWY 441 A, FL 32757				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
16700 US MT. DORA	HWY 441 A, FL 32757		2401 LAREDO DR DELTONA, FL 32738		
FEI Number:	: 80-0302517	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
The above	HWY 441 A, FL 32757	US submits this statement for the $\ensuremath{\text{\mu}}$	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: LINDSE		1	D-1	
Election Car	ce with s. 607.1	nic Signature of Registered Age 93(2)(b), F.S., the corporation did no ng Trust Fund Contribution ( ). CTORS:	ot receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVPS ( MARTIN, LIND 16700 US HW MT. DORA, FL	Y 441	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: Citv-St-Zip:	T ( MARTIN, LIND 16700 US HW MT. DORA. FL	Y 441	Title: Name: Address: Citv-St-Zip:	( ) Change ( ) Addition	

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: LINDSEY MARTIN PVPS 11/17/2009