

# P13000032693

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

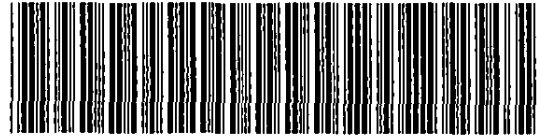
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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13 APR -9 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*K. 04/10/13*

January 28, 2013

Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

RE: Oasis Dreams Inc  
Document #P10000028562  
Status: Inactive- Annual Report

Dear Sirs/Madam:

Enclosed find application for new corporation and a check in the amount of \$70.00. The above referenced corporation is inactive due to the annual report fees.

I do not wish to reinstate this corporation and release it at this time.

Please be kind enough to give this your prompt attention and hope to hear from you shortly.

Sincerely,

  
Christian Kruppa

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13 APR -9 PM 2:24  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: **Oasis Dreams Inc**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **Dolores C Strockbine**

Name (Printed or typed)

**1314 Lafayette Street**

Address

**Cape Coral, FL 33904**

City, State & Zip

**239-549-2444**

Daytime Telephone number

**dstrockbine@hillcocpa.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Oasis Dreams Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1314 Lafayette Street

Cape Coral, FL 33904

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate Sales

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christian Kruppa — Pres

Address 1314 Lafayette Street  
Cape Coral, FL 33904

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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OFFICE OF STATE  
FALLAHER, ELGINDA

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Thomas W Hill  
Address: 1314 Lafayette Street  
Cape Coral, FL 33904

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christian Kruppa  
Address: 1314 Lafayette Street  
Cape Coral, FL 33904

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Thomas W Hill  
Required Signature/Registered Agent

4-2-13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

✓ [Signature]  
Required Signature/Incorporator

4-2-13  
Date

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TALLAHASSEE, FLORIDA