

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN 23 AM 8:14

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01/23/18--01035--004 **150.00

DOCUMENT # **P14000031265**

1. Corporation Name

Marbella Oases Inc

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

2238 E West Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Bch, FL

Zip Country Zip Country

33445

WPB

7. Name and Address of Current Registered Agent

Name **Alexandra Taylor**

Street Address (P.O. Box Number is Not Acceptable)

7040 Seminde Pratt Whitney Rd

Suite, Apt. #, Etc.

25-160

City **Loxahatchee**

State **FL**

Zip Code **33470**

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

REGISTERED AGENT MUST SIGN

Date

1/18/18

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Basim Elhabashy	2238 E West Atlantic Ave	Delray Bch, FL 33445

E-mail Address: **moonbays2@gmail.com**

(To be used for future annual report notification)

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., and 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. I am aware that 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #