PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 MAY -6 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021469

1. Corporation Name

OASIS ACQUISITION CORPORATION

200005555192--1
-05/16/02--01055--016
****450.00 ****450.00

2. Principal Office Address	3. Mailing Office Address
5709 NW 158th Street	5709 NW 158th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Lakes, FL	City & State: Miami Lakes, FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 03/23/1993

5. FEI Number: 65-0414874 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lewis Swezy
Street Address (P.O. Box Number is Not Acceptable): 5709 NW 158th Street
Suite, Apt. #, Etc.: Building 46
City: Miami Lakes State: FL Zip Code: 33014

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: By: Lewis Swezy (REGISTERED AGENT MUST SIGN) Date: 4/30/02

CR2E031 (3/01)

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
D	Lewis Swezy	5709 NW 158th Street	Miami Lakes, FL 33014

10. I certify that I am an officer or director of the corporation 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: By: Lewis Swezy, President (SIGNATURE AND TYPED OR PRINTED NAME OF SUBJECT OFFICER OR DIRECTOR) Date: 4/30/02 (305)821-0330 (Daytime Phone #)

5/13/02