

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017657

1. Corporation Name

OASIS CONSTRUCTION INC.

Principal Place of Business

824 E PROSPECT RD
OAKLAND PARK FL 33334
US

Mailing Address

824 E PROSPECT RD
OAKLAND PARK FL 33334
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

17024 89th Place North

City & State

Loxahatchee FL

Zip

33470

Country

U.S.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

17024 89th place North

City & State

Loxahatchee FL

Zip

33470

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1994

5. FEI Number

65-0470165

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MARTINEZ, HENRY A	17024 89 PL N	LOXAHATCHEE FL 33470
VD	BROWN, JAMES R	5422 214 CTS	BOCA RATON FL 33486

8. Name and Address of Current Registered Agent

MARTINEZ, HENRY
824 E PROSPECT RD
OAKLAND PARK FL 33334

9. Name and Address of New Registered Agent

Name

Henry Martinez

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

17024 89 PL North

Suite, Apt. #, Etc.

Loxahatchee FL 33470

City

Loxahatchee

State

FL

Zip Code

33470

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Henry A. Martinez
REGISTERED AGENT MUST SIGN

Date

10/13/03

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 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:

Henry A. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

772-216-6696

REINSTATEMENT

03

FILED

03 OCT 15 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (7/03)