

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
DIVISION OF CORPORATIONS

FILED

99 JUN 22 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000018636

1. Corporation Name

OASIS TEXTILES INC

Principal Place of Business

Mailing Address

1500 W CYPRESS CREEK RD  
#408, FORT LAUDERDALE, FL 33309

REINSTATEMENT 97-99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

3-8-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0561693

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	ABOUL AZIZ	8040 N COLONY CIRCLE #2-105	TAMARAC FL 33321
S	MOHAMMAD A MARKATIA	1500 W CYPRESS CREEK RD #408	F LAUDERDALE, FL 33309

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\*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	ABOUL AZIZ
Street Address (P.O. Box Number is Not Acceptable)	8040 N Colony Circle, Building #2,
Suite, Apt. #, Etc.	105.
City	TAMARAC
State	FL
Zip Code	33321

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 06/19/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 taxes 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:

*[Signature]* ABOUL AZIZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-15-99

Date

954-718-5777

Da/ime Phone #

CR2E001 (12/98)