

P9500043809

TO: D. B. S. C. P. O. BOX 10000
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32309
FAX: (904) 922-4000

FROM: J. M. S. C. P. O. BOX 10000
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32309
FAX: (904) 922-4000

(((H95000006251)))
NAME: MIAMI BEACH OASIS INC.
FAX AUDIT NUMBER: H95000006251
DATE REQUESTED: 06/06/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 4
ESTIMATED CHARGE: \$122.50

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
CURRENT STATUS: REQUESTED
TIME REQUESTED: 09:49:31
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 072450003255

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000006251)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
Help F1 Option Menu F2

NUM Connect: 00:48:

FILED
55 JUN -7 PM 12:39
TALLAHASSEE, FLORIDA

Handwritten:
10-11554
26/7

JUN-07-1995 08:07 FROM EMPIRE

TO

19049224000 P.01



FLORIDA DEPARTMENT OF STATE
Sandra B. Moetham
Secretary of State

June 7, 1995

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT: MIAMI BEACH OASIS INC.
REF: W95000011554

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The document is illegible and not acceptable for microfilming.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H95000006251
Letter Number: 595A00027976

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

JUN-07-1995 08:00 FROM EMPIRE

TO

19849224000

P.03

**ARTICLES OF INCORPORATION
OF
MIAMI BEACH OASIS INC.**

ARTICLE I

The name of the corporation is:
MIAMI BEACH OASIS INC.

ARTICLE II

This corporation shall exist perpetually unless dissolve according to Florida Law.

ARTICLE III

The corporation is organized for the purpose of engaging in any activities or businesses permitted under the laws of the United States and The State of Florida.

ARTICLE IV

The corporation is authorize to issue 100 shares of \$0.05 per value Common Stock, which shall be designated "Common Shares"

ARTICLE V

The address of this corporation shall be:
780 E. 5th Street
Hialeah, Florida 33010

ARTICLE VI

The name and street address of the initial Registered Agent of this Corporation is:
Ozzie Hernandez 780 E. 5th Street, Hialeah, Florida 33010

ARTICLE VII

This corporation shall have (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than (1) one. The name and address of the initial director of the corporation is as follows:

Ozzie Hernandez 780 E. 5th Street, Hialeah, Florida 33010
Habit Hernandez 780 E. 5th Street, Hialeah, Florida 33010
Raymond Rosales 731 N.W. 21st Ct., Miami, Florida 33125

ARTICLE VIII

PREPARED BY:
EMILIO C. PASTOR, ESQ.
PH I - 155 S. Miami Ave.
Miami, Florida 33130
Bar #: 301868

The name and address of the person signing these Articles of Incorporation is:
Ozzie Hernandez
780 E. 5th Street

(305) 372-0088

95 JUN -7 PM12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

④

H9500006251

H9500006251

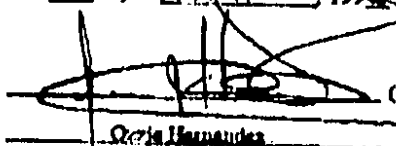
JUN-06-1995 12:53 FROM EMPIRE

TO

DIU CORP ELT FI

P.03

BY ~~WILLIAM W. HENRICKS~~, the undersigned and subscriber have executed these Articles of Incorporation
this 22 day of MAY, 1995.

 (SEAL)
Ozzie Hernandez

STATE OF FLORIDA
COUNTY OF DADE

) SS
)

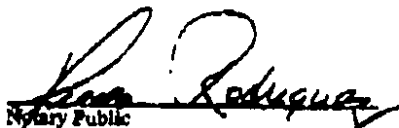
Before me, a Notary Public authorize to take acknowledgements in the State and County set forth above,
personally appeared

Ozzie Hernandez

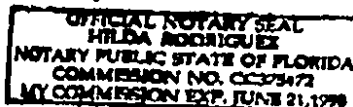
known to me the person who executed the foregoing Article of Incorporation, and who acknowledge
before me that he executed these Articles of Incorporation.

In witness whereof, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 22
day of

MAY, of 1995.


Notary Public
State of Florida at Large

My commission expires:



H950000625Y

H950000625Y

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that MIAMI BEACH OASIS INC.
(Name of Corporation)
desiring to organize under the laws of the State of FLORIDA with its principal office, as
(Florida)
indicated in the Articles of Incorporation has named ORRIS HERNANDEZ
(Name of Registered Agent)
located at MIAMI, County of DADE State of Florida, as its agent
(City) (County)
to accept service of process within this state.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL THE STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Registered Agent

FILED
95 JUN -7 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SEP 20 PM 12:01
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000043809**

1. Corporation Name
MIAMI BEACH OASIS INC.

Principal Place of Business
**780 EAST 5TH STREET
HALEAH FL 33010**

Mailing Address
**780 EAST 5TH STREET
HALEAH FL 33010**

REINSTATEMENT *9/18/96*

If above addresses are incorrect in any way, line through incorrect information and enter correction below
2. New Principal Office Address, if Applicable

State, Apt. #, etc.
City & State
Zip

3. New Mailing Office Address, if Applicable

State, Apt. #, etc.
City & State
Zip

4. Date Incorporated or Qualified To Do Business in Florida **06/07/1985**

5. FEI Number

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **REINSTATEMENT**

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
D	HERNANDEZ, OZZIE	780 EAST 5TH ST.	HALEAH FL 33010
D	HERNANDEZ, HADIS	780 EAST 5TH ST.	HALEAH FL 33010
D	ROSALLES, RAYMOND	731 N.W. 21ST COURT	MIAMI FL 33125
			400001963104 -10/02/96--01066--017 *****8.75 *****8.75
			400001963104 -10/02/96--01066--018 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

**HERNANDEZ, OZZIE
780 EAST 5TH STREET
HALEAH FL 33010**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

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 **9/18/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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 requirement 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/96 **(307) 593-0570**
Date Daytime Phone #