

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000097463

1. Corporation Name
OASIS AVIATION SERVICES, INC.

FILED

99 OCT 28 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6405 NW 36 ST MIAMI FL 33166
S# 221

REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable
6405 NW 36 ST
Suite, Apt. #, etc. 221
City & State MIAMI FLORIDA
Zip 33166 Country USA

3. New Mailing Office Address, If Applicable
6405 NW 36 ST
Suite, Apt. #, etc. 221
City & State MIAMI FL
Zip 33166 Country USA

4. Date Incorporated or Qualified To Do Business in Florida **SP**

5. FEI Number ☒ Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ SR 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)	HERRNAN ARIAS	6030 NW 38 ST	MIAMI FL 33166

000003031810--9
-11/02/99--01020--024
****758.75 ****758.75

8. Name and Address of Current Registered Agent

HERRNAN ARIAS
6030 NW 38 ST
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name HERRNAN ARIAS
Street Address (P.O. Box Number is Not Acceptable) 6030 NW 38 ST
Suite, Apt. #, Etc.
City MIAMI FL 33166 State FL Zip Code 33166

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 REGISTERED AGENT MUST SIGN

Date

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 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: HERRNAN ARIAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/27/99
Daytime Phone #