

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 25 AM 8:00

DOCUMENT # P98000007733

1. Corporation Name

The Oxygen Group, Inc.

2. Principal Office Address

106 Benning Dr

Suite, Apt. #, etc.

Suite 11

City & State

Destin, FLA

Zip

FLA

Country

US

3. Mailing Office Address

P.O. Box 395

Suite, Apt. #, etc.

City & State

Destin FLA

Zip

32540

Country

US

REINSTATEMENT 03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/98

5. FEI Number

59-3492464

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

Kerth P. Vanover

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

106 Benning Drive

Suite, Apt. #, Etc.

Suite 11

City

Destin

State

FL

Zip Code

32541

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

REGISTERED AGENT MUST SIGN

Date 8/23/04

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	Kerth P. Vanover	P.O. Box 395	Destin FLA 32540

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kerth P. Vanover

Date

8/23/04 850-650-3847

Daytime Phone #

CR2E081 (01/04)