

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 16 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000013469

1. Corporation Name
Churchill's Lemon City Oasis, Inc.

2. Principal Office Address
5501 NE 2nd Avenue

Suite, Apt. #, etc.

City & State
Miami FL

Zip
33137

Country

3. Mailing Office Address
5501 NE 2nd Avenue

Suite, Apt. #, etc.

City & State
Miami FL

Zip
33137

Country

REINSTATEMENT 99-05

4. Date Incorporated or Qualified
To Do Business in Florida 2/11/1998

5. FEI Number
65-0965419

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
Daniels, David B.

Street Address (P.O. Box Number is Not Acceptable)
5501 NE 2nd Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33137

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 *David B. Daniels*

Date 2/11/05

REGISTERED AGENT MUST SIGN

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
P/D	David B Daniels	5501 NE 2nd Avenue MIAMI FL	Miami FL 33137
D	MICHAEL TOMS	5501 N.E. 2nd Ave	MIAMI FL 33137

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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:

David B. Daniels

DAVID B. DANIELS

2/11/05

305 757 1807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)