


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
OCT 18 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 719100

1. Corporation Name  
Ocean RIVIERA Association Inc.

**REINSTATEMENT 05**

2. Principal Office Address  
3556 Galt Ocean Dr

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

City & State  
FT. Laud. Fla

Zip Country Zip Country  
3-3309 USA

4. Date Incorporated or Qualified To Do Business in Florida - 3-05-1970

5. FEI Number 591346320

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75. Additional Fee required for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name  
Robert Kaye & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
6261 NW 6th Way

Suite, Apt. #, Etc.  
Suite 103

City State Zip Code  
FT. Lauderdale FL 33309

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 [Signature] Date 10.5.05

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      | Ellen O'Neil                      | 3550 GALT OCEAN DR                             | FT. LAUD. FL 33309                            |
| V.P/s  | Mark E Hrenshaft                  | "  | "   |
| T      | Jerome Herer                      | "  | "   |
| D      | Christopher Spevak                | "  | 500060698735<br>10/18/05--01012--001 **236.25 |
| D      | Shirley Pashalidis                | "  | "   |
| D      | Judith Karasik                    | "  | "   |

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] Date 10/12/05 Daytime Phone # 954-565-1631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR