PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 APR 17 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H33616

1. Corporation Name: SOUTH FLORIDA OCEAN PROPERTIES INC

Principal Place of Business: 344 VENETIAN DRIVE APT 1 DELRAY BEACH FLORIDA 33483 U.S

Mailing Address: 5955 BALMORAL ROAD HALIFAX, NOVA SCOTIA CANADA B3H 1A5

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

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable: 5955 BALMORAL ROAD
Suite, Apt #, etc.: HALIFAX
City & State: NOVA SCOTIA
Zip: B3H 1A5 Country: CANADA

3. New Mailing Office Address, If Applicable: 5955 BALMORAL ROAD
Suite, Apt #, etc.: HALIFAX
City & State: NOVA SCOTIA
Zip: B3H 1A5 Country: CANADA

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/1984

5. FEI Number: 65-0130597 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	ARTHUR D. VOGT 5955 BALMORAL ROAD HALIFAX NOVA SCOTIA CANADA B3H 1A5	5955 BALMORAL ROAD	HALIFAX, NOVA SCOTIA CANADA B3H 1A5

JS 4/20/98

400002494924--6
-04/21/98--01033--022
****900.00 ****900.00

8. Name and Address of Current Registered Agent
STEVEN MECCER ESQ.
400 N. FED. HWY. STE. 205E
5820 NORTH FED. HIGHWAY
BOCA RATON FLA 33341

9. Name and Address of New Registered Agent
Name: [illegible]
Street Address (P.O. Box Number is Not Acceptable): [illegible]
Suite, Apt. #, Etc.: [illegible]
City: [illegible] State: FL Zip Code: [illegible]

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] Date: March 10/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: [signature] ARTHUR D. VOGT. March 10/98 902.429.2850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1-98)