


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT




FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 19 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 31378*

1. Corporation Name
Ocean Grove Homeowners Association, Inc.

2. Principal Office Address C/O Charles Becky		3. Mailing Office Address C/O Charles Becky	
Suite, Apt. #, etc. 1660-5 Beach Ave.		Suite, Apt. #, etc. 1660-5 Beach Ave.	
City & State Atlantic Beach, FL		City & State Atlantic Beach, FL	
Zip 32233	Country	Zip 32233	Country

01-05 

4. Date Incorporated or Qualified To Do Business in Florida **3/27/1989**

5. FEI Number **59-2986396**

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
Becky, Charles F.

Street Address (P.O. Box Number is Not Acceptable)
1660-5 Beach Ave

Suite, Apt. #, Etc.

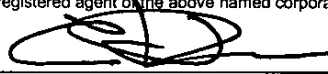
City
Atlantic Beach

State
FL

Zip Code
32233

300044973993
01/19/05--01003--007 **420.00

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  Date **1/15/2005**

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
STPD	Charles Becky	1660-5 Beach Ave	Atlantic Beach, FL 32233
D	Jane Hart	1660-3 Beach Ave	Atlantic Beach, FL 32233
D	Tom Walsh	1660-4 Beach Ave	Atlantic Beach, FL 32233

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:  **Charles Becky** Date **1/15/2002** Daytime Phone # **904-396-5575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)