

#482

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N33474

1. Corporation Name

OCEANIA CLUB, INC.

REINSTATEMENT 01-02

700009663107
12/24/02--01012--008 **236.25

2. Principal Office Address

16421 COLLINS AVENUE

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH

Zip

33160

Country

3. Mailing Office Address

16421 COLLINS AVENUE

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH

Zip

33160

Country

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

5. FEI Number

65-0135255

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

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code

33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date

11/18/02

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.	FRANZ C. DITTERICH	16421 COLLINS AVENUE	SUNNY ISLES, FL 33160
V/P&D.	GERT W. FLAMMERSFELD	16421 COLLINS AVENUE	SUNNY ISLES, FL, 33160
Dir	FLORA CIUSSAEDA	16421 COLLINS AVENUE	SUNNY ISLES, FL, 33160

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:

Gert W. Flammersfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/02
Date

305-956-5738
Daytime Phone #

CR2E081 (9/01)