

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED

**FILED**  
**Nov 14, 2002 8:00 A.M**  
 Secretary of State

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # **P00000004384**

1. Corporation Name  
**OCEANSIDE PALMS ESTATE CORP.**

Principal Place of Business 600 MADISON AVENUE 12TH FLOOR NEW YORK NY 10022	Mailing Address 600 MADISON AVENUE 12TH FLOOR NEW YORK NY 10022
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip
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**REINSTATEMENT** 02

4. Date Incorporated or Qualified To Do Business in Florida <b>01/13/2000</b>
5. FEI Number <b>52-2210160</b>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SOLDATI, PABIO	6901 RIVA CACCIA #1A	LUGANO, SWITZERLAND
VPS	GAZZOLA, MARIO	600 MADISON AVE, 12TH FLOOR	NEW YORK NY 10022
			100009087711 11/19/02--01069--027 **600.00
			100009087711 11/19/02--01069--028 **150.00

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name	State	Zip Code
Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>	
Suite, Apt. #, Etc.		
City		

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. or 617.0505, F.S.

Signature of Registered Agent **Brian Courtney**  
**Asst. V. Pres**  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN  
 Date **11-14-02**

11. 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: **Mario Gazzola**, Vice President/Secretary **11/13/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2040 (8/02)