

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED**

05 MAR 21 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003445

1. Corporation Name

Offshore Properties, Inc.

2. Principal Office Address

610 NE 42nd St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 4324

Suite, Apt. #, etc.

City & State

Pompano Beach

City & State

Boca Raton, FL

Zip

33064

Country

USA

Zip

33429

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/27/00

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$275 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas J. Putrino

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

1501 SE 14th Ct

Suite, Apt. #, Etc.

City

Deerfield Beach

State
FLZip Code
33441

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

REGISTERED AGENT MUST SIGN

Date 3/18/05

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
PP	Thomas J. Putrino	1501 SE 14th Ct	Deerfield Beach FL 33441

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05

Date

(561) 715-11643

Daytime Phone #

C12B01 (01/03)