

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 JUL 15 PM 12:19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000049201

1. Corporation Name

Oceanfront Swimsuits, Inc.

2. Principal Office Address

18300 W. Dixie Highway

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip 33160

Country USA

3. Mailing Office Address

18300 W. Dixie Highway

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip 33160

Country USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number

65-0433490

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

60002174436 07/23/03--01048--001 **1050.00

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Deborah Bendjouia

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

21211 Highland Lakes

Suite, Apt. #, Etc.

City

North Miami Beach, Florida

State FL

Zip Code 33179

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

Deborah Bendjouia

REGISTERED AGENT MUST SIGN

Date 7/9/03

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
Director	Deborah Bendjouia	21211 Highland Lakes	North Miami Beach, FL 33179

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 719.07(3)(f), 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:

Deborah Bendjouia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/9/03

(305) 931 4196 Daytime Phone #

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