

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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DOCUMENT # P98000064638

1. Corporation Name

OCEANIA REALTY, INC.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

100

Principal Place of Business	Mailing Address
<del>XXXXXXXXXX</del> 16445 Collins AV <del>XXXXXXXXXX</del> Miami Beach, FL <del>XXXXXXXXXX</del> 33160	<del>XXXXXXXXXX</del> 16445 Collins AV <del>XXXXXXXXXX</del> Miami Beach, FL <del>XXXXXXXXXX</del> 33160



5/2/00 90028 013 #15008

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 16445 Collins Avenue Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 16445 Collins Avenue Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 07/23/1998
City & State Miami Beach, FL	City & State Miami Beach, FL	5. FEI Number 65-1051923 <del>XXXXXXXXXX</del>
Zip 33160	Country	Applied For Not Applicable
Zip 33160	Country	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
D	<del>XXXXXXXXXX</del> Staceyann Legro	<del>XXXXXXXXXX</del> 16445 Collins	MIAMI FL 33160
D	KLEIKAMP, GERTI	<del>XXXXXXXXXX</del> 16445 Collins	MIAMI FL 33160
			700003497347- -2 12/12/00 01071 017 ****600.00 ****600.00

8. Name and Address of Current Registered Agent VALDES FAULI CORP SERVICES INC. 2 S BISCAYNE BLVD STE 3400 MIAMI FL 33131	9. Name and Address of New Registered Agent Name Oceania Brokerage Street Address (P.O. Box Number is Not Acceptable) 16445 Collins Avenue Suite, Apt. #, Etc. c/o Sheila Sirgo City Miami Beach State FL Zip Code 33160
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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.  
Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date 11/17/00  
REGISTERED AGENT MUST SIGN

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. **KE**

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date 11/17/00 Daytime Phone # (305)949-2278  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)