

## FLORIDA DEPARTMENT OF STATE Secretary of State

**DIVISION OF CORPORATIONS** 

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DOCUMENT #	724948
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1. Corporation Name

(NON-PROFIT DRG.)

OCEANSIDE CONDOMINIUM ASSUC

REINSTATEMENT 74-01	ZEINS	TATEN	EMT	74-04
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2. Principal Office Address	3. Mailing Office Address	900025406249
1264 SURFROAD	1264 SURF RO	12/11/03 - 01011008 **1193.75
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
APT# 4	APTEG	4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	NOT AUNILABLE
C	Fig.	5. FEI Number Applied For
SINGUR ISLAND FLA		NOT AVAILABLE UNIOT Applicable
33404 Country	33404 USA	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status
	7 11 1411 (0 10 11	

7. Name and Address of Current Registered Agent			
WINIFRED R. Spell MAN	(DECAPRIC) 7 WINIFROD R. Spellmin		
Street Address (P.O. Box Number is Not Acceptable)	1264 SURFRS Apry		
Suite, Apt. #, Etc.	SINGER ISLAND FC.		
SOUTH AMPTON NY 11968	State Zip Code 5 3 4 4 4		

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 o Registered		CLINICA GENT MUST SIGN	Date 12/03/03	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				

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	
PRes	Bus G Spull MAD 5 R	18 PecaNIC Ro-	SOUTHAMPTON NY1186	
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TRub	WILLIERES R. Spellman	18 Pecisia Ro	South MAPROS NY 11968	
	ر دان بر المحدد	91	00025406249	
l '		UZ/UI	/0401039023 **915.00	

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.

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Dear Mr Shriers: -

The under your for your help. The original war and was a leader of "fifed" my error. (Thope) as I winder stand it, this corp (or assoc) was originated with the levely setties. We didn't buy for and war and 1978- or The people byour that took care of all the paper work. I called them I got vary to a gue are asses. What I think to got vary to gue are asses. What I think happened is they let it yo because they didn't want to pay the yearly been.

Suy way - our condo rules & regulations Any that your rues the name it went by, Hohe you can find what you'ved. Thereles again

Sincerely Winefeed R. Spelline 1264 Aug Rd Cept F Serige Island H. 33404