

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000007030

FILED
Oct 11, 2007
Secretary of State

Entity Name: OCEAN CITY COCONUT MALORIE RESORT, INC.

Current Principal Place of Business:

201 59TH STREET
OCEAN CITY, MD 21842

New Principal Place of Business:

Current Mailing Address:

201 59TH STREET
OCEAN CITY, MD 21842

New Mailing Address:

FEI Number: 52-2059948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSMAS, JAMES M ESQ
111 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES KOSMAS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: KOSMAS, STEVEN P
Address: 920 THIRD AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V () Delete
Name: KOSMAS, R. PAUL
Address: 920 THIRD AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DST () Delete
Name: DUFFY, TRUDY
Address: 920 THIRD AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRUDY DUFFY

DST

10/11/2007

Electronic Signature of Signing Officer or Director

Date