

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 JAN 14 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 02-03

500010088175  
01/14/03--01089--015 \*\*\$900.00

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J01357**

1. Corporation Name  
**BKB Oceanfront Properties, Inc**

2. Principal Office Address  
**3209 S. Atlantic Ave.**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**same**  
Suite, Apt. #, etc.

City & State  
**Daytona Beach Shores, FL**

City & State  
City & State

Zip Country  
**32118-6225 Volusia USA**

Zip Country  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
**2/27/86**

5. FEI Number  
**59-2654699**  
Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Zill, David A., Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**366 E. Graves Ave., Suite B**

Suite, Apt. #, Etc.

City  
**Oranese City**

State Zip Code  
**FL 32763**

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  
**David A. Zill**

REGISTERED AGENT MUST SIGN

Date  
**1/10/03**

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
PVD	LORT, YUSUF	3209 S. Atlantic Ave. Daytona Beach Shores, FL	Daytona Beach Shores, FL 32118-6225
ST	BAERENKLAU, ALAN	"	"

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: X **[Signature]**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**1/10/03**

Daytime Phone #  
**386-761-2050**

CR2E081 (10/02)

js 1/15