

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K33800

1. Corporation Name
OCEANSIDE MOTEL, INC.

Principal Place of Business
315 CLEVELAND ST
HOLLYWOOD FL 33019

Mailing Address
315 CLEVELAND ST
HOLLYWOOD FL 33019

FILED
97 NOV 24 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable Same	3. New Mailing Office Address, If Applicable Same	4. Date Incorporated or Qualified To Do Business in Florida 09/23/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-0078751 Applied For Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip	Country	Zip

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BESSETTE, MARK D	315 CLEVELAND ST	HOLLYWOOD FL 33019
VPD	BESSETTE, KATHLEEN <i>Delete</i>	5055 MILLES VOYES #304	ST. LEONARD, QUEBEC, CANADA FL
TD	BESSETTE, STEVE <i>Delete</i>	315 CLEVELAND ST	HOLLYWOOD FL 33019
SD	BESSETTE, JENNIFER <i>Delete</i>	315 CLEVELAND ST	HOLLYWOOD FL 33019
		500002958235-1 -11/26/97-01094-002	<i>500002958235-1 -11/26/97-01094-002</i>
			***750.00 ***750.00

8. Name and Address of Current Registered Agent BESSETTE, MARK P 315 CLEVELAND STREET HOLLYWOOD FL 33019	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
---	--

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

Mark Bessette RD
REGISTERED AGENT MUST SIGN

Date 10-24-97

CR2040 (8/97)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes No

(See other side for information
on intangible tax.)

12. 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)(l), 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: *Mark Bessette* Mark D. Bessette 10-24-97 954-922-6959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #