

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 DEC 18 11 2: 53

SECRETARY OF STATE
TALLahassee, FLORIDA

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **L87048**

1. Corporation Name
850 Ocean Drive, Inc.

Principal Place of Business Mailing Address
**850 Ocean Drive
Miami Beach, Florida 33139**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida July 12, 1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0232169	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Franco Godina	850 Ocean Drive	Miami Beach, Florida 33139
D/VP/S	Massimo Barracca	850 Ocean Drive	Miami Beach, Florida 33139

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-12/23/97-01003-010
*****8.75 *****8.75

REINSTATEMENT

Handwritten initials and date: 12/18/97

8. Name and Address of Current Registered Agent Nicholas M. Daniels, Esquire c/o Therrel Baisden & Meyer Weiss 1111 Lincoln Road Mall, Suite 500 Miami Beach, FL 33139		9. Name and Address of New Registered Agent Jonathan Feuerman, Esquire c/o Therrel Baisden, P.A. One Southeast 3rd Ave, Suite 2400 Miami	
		State FL	Zip Code 33131

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]* Date: **12/17/97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 of 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 19.07(3)(b), 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: *[Signature]* **FRANCO GODINA - PRESIDENT** Date: **12-17-97** Daytime Phone #: **305 5320707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEP/CMR 12/96