| | PLEASE READ ALL | INSTRUCT |
|---------|-----------------|----------|

| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | | | | |
|---|--|--|--|--|--|
| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | 2007 DEC 13 AM 9: 57 | | | | |
| DOCUMENT # NO100005910 1. Corporation Name Ocean view Estates Homeowners Association, inc. | SECRETARY OF STATE TALLAHASSEE.FLORIDA | | | | |
| 2. Principal Office Address 6015.0cean Drive Suite, Apt. #, etc. (OFFice) City & State Fort Pierce F1. Zip 3. Mailing Office Address 601_5.0cean Ariue Suite, Apt. #, etc. (OFFice) City & State Fort Pierce F1. Zip Country Zip Country U.SA. U.SA. U.SA. | 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 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 Frank Messina Street Address (P.O. Box Number is Not Acceptable) 6015.0ceonDrive Suite, Apt. #, Etc. DFFice City Fort Pierce State Zip Code FL 34949 | | | | | |
| 8. 1, being appointed the registered agent of the above named carporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 12-10-07 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Storida proportifice mercations must list at least 3 directors) | | | | | |

| Signature o Registered | | Paration, aim ramiliar with and accept the obligations of sector | Date 12-10-07 |
|---------------------------|---|--|--|
| 9. Names | and Street Addresses of Each Officer and/or Director (Flo | orida 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 |
| Dir | Frank Messing | 6015. Ocean Prive COFFice | FortPierco Fl. 34949 |
| Dir | | 9232 Lake Sereng Dr. | Bocalato F133496 |
| Dic | Dr. Earl Jordan | 209 Coral KeyTr. | Palm Beach Garden 5 1. |
| | | ļ / _3ı | D 01131157 53 V0701041017 **367.50 |
| | RE STA | | DO113115753 \$/0701041018 ***8.75 |
| | | 02-0 | |

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 filling 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. 772-528-0309

SIGNATURE: \(\) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 11, 2007

Florida Department of State Division of Corporations-P.O. Box 6327 Tallahassee, FL 32314

ATTN: Michelle Milligan

RE: Request for corporate reinstatement Ocean View Estates Homeowner Association

Reference Number: NO1000005910

Dear Michelle:

Enclosed please find a corporate reinstatement application for the above reference number. The previous registered agent has resigned and this application requests a new corporate reinstatement under the new registered agent. The prior registered agent, Mark Connor, has not filed yearly reports to you since 2002 and I did not receive prior notice from him that the 2002 report had not been filed, so I thereby request a waiver of any penalty fees.

I have enclosed a check for \$367.50 as you stated owed to the Department of State by the Division of Corporations. Also included is a check in the amount of \$8.75 for the certificate of status.

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Daniel A. Klimkiewicz, Director 9232 Lake Serena Drive

Boca Raton, Florida 33496

(561) 482-2772

Dklimkiewi@yahoo.com