

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Moynihan
 Secretary of State
 DIVISION OF CORPORATIONS

N9800003809

FILED
 DEC -6 PM 4:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N9800003809
 1. Corporation Name
 OCEANSIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 1324 South Adams Street Same
 Tallahassee, FL 32301

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

2. New Principal Office Address, If Applicable
 4 Laguna Street
 Suite, Apt. #, etc.
 Suite 201
 City & State
 Fort Walton Beach, FL
 Zip Country
 32548

3. New Mailing Office Address, If Applicable
 4 Laguna Street
 Suite, Apt. #, etc.
 Suite 201
 City & State
 Fort Walton Beach, FL
 Zip Country
 32548

4. Date Incorporated or Qualified To Do Business in Florida
 June 29, 1998

5. FEI Number Applied For
 Not Applicable

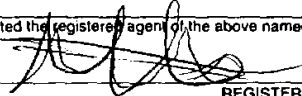
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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
P/D	W. Todd Schweizer	4 Laguna Street, Suite 201	Fort Walton Beach, FL 32548
S/D	Michael Iovieno	4 Laguna Street, Suite 201	Fort Walton Beach, FL 32548
D	Steven P. DelGallo	4 Laguna Street, Suite 201	Fort Walton Beach, FL 32548

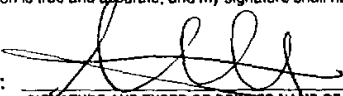
8. Name and Address of Current Registered Agent
 Gary B. Frese
 930 S. Harbor City Boulevard
 Suite 505
 Melbourne, Florida 32901

9. Name and Address of New Registered Agent
 Name
 W. Todd Schweizer
 Street Address (P.O. Box Number is Not Acceptable)
 4 Laguna Street, suite 201
 Suite, Apt. #, Etc.
 City Fort Walton Beach State FL Zip Code 32548

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  Date 12-1-99
 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 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:  300003063619--6
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR W. Todd Schweizer, President Date 12-1-99 Daytime Phone # (850) 301-0179

CRF260 (12/96)



Due 1st

ACCOUNT NO. : 072100000032

REFERENCE : 489322 1299A

AUTHORIZATION :

COST LIMIT : \$ ~~PPB~~ 236.25

ORDER DATE : November 22, 1999

ORDER TIME : 10:42 AM

ORDER NO. : 489322-015

CUSTOMER NO: 1299A

CUSTOMER: Ms. Lisa Watson
Clark Partington Hart Larry
Suite 800
125 West Romana Street
Pensacola, FL 32501

File 1st

DOMESTIC FILINGS

NAME: OCEANSIDE VILLAGE HOMEOWNERS
ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich
EXAMINER'S INITIALS _____

RECEIVED
99 DEC -6 PM 12:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA