

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000081094

1. Corporation Name

3640 Ocean Drive Inc.

2. Principal Office Address

606 North Ocean Drive

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33019

Country

USA

3. Mailing Office Address

130 S. University Drive

Suite, Apt. #, etc.

Suite D

City & State

Plantation FL

Zip

33324

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/2000

5. FEI Number

65-1037825

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

Peter Tsialiamanis

Street Address (P.O. Box Number is Not Acceptable)

606 North Ocean Drive

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

400009050714

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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

REGISTERED AGENT MUST SIGN

Date

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
PSTB	Peter Tsialiamanis	606 N. Ocean Drive	Hollywood FL 33019

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/02

Daytime Phone #

954 929 4237

CR2E081 (9/01)

11/21

**3640 OCEAN DRIVE, INC.
606 NORTH OCEAN DRIVE
HOLLYWOOD, FLORIDA 33019**

November 5, 2002

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

Re: 3640 NORTH OCEAN DRIVE, INC.
F.E.I.N. - 65-1037825
DOCUMENT NUMBER - P00000081094

Dear Sir or Madam:

I am the President of 3640 Ocean Drive, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office. I seem to have a problem receiving much of my mail. Therefore I am changing my mailing address for my corporation to my Accountant's office to avoid any future problems. I have enclosed a reinstatement form to update my company along with a check in the amount of \$ 150.00 for the renewal fee. Please make a note of the new mailing address and adjust your records accordingly.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,



Peter Tsalamanis
President

Enclosures