

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD1000101099			
1. Corporation Name Oceanfront Estates, Inc.			
2. Principal Office Address - No P.O. Box # 26 Cayuga Rd Suite, Apt. #, etc.		3. Mailing Office Address 26 Cayuga Rd. Suite, Apt. #, etc.	
City & State Sea Ranch Lakes, FL Zip 33308 Country USA		City & State Sea Ranch Lakes, FL Zip 33308 Country USA	
7. Name and Address of Current Registered Agent Name Donald J. Cacioppo Street Address (P.O. Box Number is Not Acceptable) 26 Cayuga Rd. Suite, Apt. #, Etc. City Sea Ranch Lakes State FL Zip Code 33308			
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 <u>Donald Cacioppo</u> Date <u>2/26/08</u> REGISTERED AGENT MUST SIGN			
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
P	Donald Cacioppo	26 Cayuga Rd.	Sea Ranch Lakes, FL 33308
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 contained in Chapter 119, 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: <u>DONALD CACIOPPO</u> <u>Donald Cacioppo</u> <u>2/26/08</u> <u>954-771-1000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/29/08-01008--006 \*\*1058.75

REINSTATEMENT 06-08

4. Date Incorporated or Qualified To Do Business in Florida	10/18/2001
5. FEI Number 605-1146711	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 contained in Chapter 119, 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.

Date 2/29/08 Daytime Phone # 954-771-1000

1/29/08