


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000103282

1. Corporation Name

OSLO ESTATES INC

Principal Place of Business

1907 SW MOORING DRIVE
PALM CITY FL 34990-2421

Mailing Address

1907 SW MOORING DRIVE
PALM CITY FL 34990-2421

REINSTATEMENT 03

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 10/25/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1147756	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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	4. City / State / Zip
D	BUMPERS, JAY C	1907 SW MOORING DRIVE	PALM CITY FL 34990
D	BENEWAY, CHARLES	1907 SW MOORING DRIVE	PALM CITY FL 34990

8. Name and Address of Current Registered Agent

SCHNITZER, GERALD S
2455 EAST SUNRISE BLVD STE 502
FT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name Jay C. Bumpers
 Street Address (P.O. Box Number is Not Acceptable) 1907 S.W. Mooring Dr.
 Suite, Apt. #, Etc.
 City Palm City State FL Zip Code 34990

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. or 617.0505, F.S.

Agent's Signature
Date

 REGISTERED AGENT MUST SIGN

Date 11-28-03

11. 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 AND THREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-03 772-221-0057

November 28, 2003

Florida Department of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Annual Report
Oslo Estates Inc.
Document # P01000103282
FEI Number 65-1147756

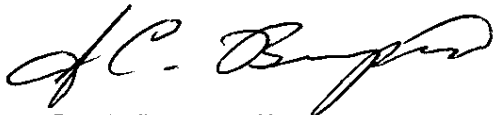
Glenda E. Hood:

I currently own 6 corporations. I had and I must stress "had" a so called Professional Management Company that kept many important matters from my attention. They did not do the job that I paid them to do. Invoices and other important documents were lost or misplaced.

Due to my various investments my time has been spent on the larger projects and I neglected to check on the Management Company who had the power to sign checks and pay bills as they came due. For whatever reason, they did not pay the annual reports. I only found this out when I received your notices of dissolution.

I would greatly appreciate your understanding in this matter. Enclosed are six checks each for \$150.00 to reinstate the six companies.

Very truly yours,

A handwritten signature in dark ink, appearing to read "J.C. Bumpers III", written in a cursive style.

Jay C. Bumpers III