

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 12 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100019839061
05/23/03--01029--018 **900.00

REINSTATEMENT 02-03

DOCUMENT # P01000116274

1. Corporation Name

Oceanshore Brothers Inc.

2. Principal Office Address

1590 Oceanshore Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1195

Suite, Apt. #, etc.

City & State

Deland Beach, FL

City & State

Avon Park, FL

Zip

32176

Country

U.S.

Zip

33826

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/01

5. FEI Number

None

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

Mohammed A Chowdhury

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

4000 Ramiro St

Suite, Apt. #, Etc.

City

Sebring

State
FL

Zip Code

33872

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

M. Chowdhury

Date 04/30/03

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
PVTD	Mohammed A. Jabbar	1175 W Minnesota Ave Apt. 27	Deland, FL 32720
SO	Mohammed A Chowdhury	4000 Ramiro St.	Sebring, FL 33872

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:

M. Chowdhury

04/30/03

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (10/02)