

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hoed**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000061709**

1. Corporation Name

**OCEANFRONT MORTGAGE CORP.**

Principal Place of Business

Mailing Address

3737 INDIAN CREEK DR STE 509  
MIAMI BEACH FL 33139

3737 INDIAN CREEK DR STE 509  
MIAMI BEACH FL 33139

REINSTATEMENT



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

06/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

02-0629583

Not Applicable

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	BLUM, BENZION	3737 INDIAN CREEK DR STE 509	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLUM, BENZION  
3737 INDIAN CREEK DR STE 509  
MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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.

Signature of  
Registered Agent

*Benzion Blum*

Date **Dec 30, '03**

REGISTERED AGENT MUST SIGN

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:

*Benzion Blum* **Benzion Blum**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dec 30, 03**

Date

**888 423-6916**

Daytime Phone #

CR2040 (7/03)

Dec 30, 03

Dear Sir:

I did not receive the UBR  
for the year 2003.

Please send me any forms  
you want  
us to fill out.

Sincerely,

Benson Blum  
for Oceanfront Mortgage  
Corp.