PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 OCT 13 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000068464

1. Corporation Name
OCEAN RIDGE PROPERTIES, INC

W06-45203

03-04

2. Principal Office Address	3. Mailing Office Address
2295 NW CORPORATE BLVD	
Suite, Apt. #, etc. #110	Suite, Apt. #, etc.
City & State BOCA RATON, FL	City & State
Zip: 33431 Country: USA	Zip: Country:

10/16/06--01001--002 **35.00

4. Date Incorporated or Qualified To Do Business in Florida 6/20/00

5. FEI Number — ☑ 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: JEFFREY PHILLIPS

Street Address (P.O. Box Number is Not Acceptable): 2295 NW CORPORATE BLVD, STE 110

Suite, Apt. #, Etc.:

City: BOCA RATON State: FL Zip Code: 33431

CR2E051 (01/05)

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: _____ Date: 8/6/06
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/D/S	JEFFREY PHILLIPS	879 VALHALLA DRIVE	DELRAY BEACH, FL 33444
VP/D/T	LYNN PHILLIPS	879 VALHALLA DRIVE	DELRAY BCH, FL 33444
		000091145960	10/24/06--01022--012 **1050.00
		000091145960	10/24/06--01022--013 **115.00

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: _____ 8/6/06 (561)289-9972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #