

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P950000088717</b>			
1. Corporation Name <b>Oxford Real Estate Investment Trust, Inc.</b>			
Principal Place of Business <b>32 E. Ocean Blvd. Stuart, Fl 34994</b>		Mailing Address <b>Same</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable <b>N.A.</b>		3. New Mailing Office Address, If Applicable <b>N.A.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida <b>November, 1995</b>	
		5. FEI Number	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Dir	Frederick A. Humberstone	32 E. Ocean Blvd.	Stuart, Fl 34994
8. Name and Address of Current Registered Agent <b>Frederick A. Humberstone 32 E. Ocean Blvd. Stuart, Fl 34994</b>		9. Name and Address of New Registered Agent Name <b>R. Patrick Beatty</b> Street Address (P.O. Box Number is Not Acceptable) <b>32 E. Ocean Blvd.</b> Suite, Apt. #, Etc. City <b>Stuart</b> State <b>FL</b> Zip Code <b>34994</b>	
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. Signature of Registered Agent <b>R. Patrick Beatty</b> Date <b>7/30/97</b> REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <b>Frederick A. Humberstone</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <b>7-29-97</b> Daytime Phone # <b>561 220 8149</b>			

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

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