

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 SEP -8 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000031980

1 Corporation Name  
3000 SOUTH OCEAN, INC

Principal Place of Business Mailing Address  
C/O KENT HUFFMAN, ESQ  
223 SUNSET AVENUE #130  
PALM BEACH, FL 33480

REINSTATEMENT 97-98

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 4/8/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status
Zip Country	Zip Country	

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
P/D	GARY ROSS	C/O KENT HUFFMAN, ESQ 223 SUNSET AV. #130	PALM BEACH, FL 33480
			300002639153--9 -09/15/98--01006--018 *****908.75--*****908.75

8. Name and Address of Current Registered Agent

KENT HUFFMAN, ESQ  
223 SUNSET AVENUE #130  
PALM BEACH, FL  
33480

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc  
City State Zip Code  
FL

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  
  
REGISTERED AGENT MUST SIGN

Date 8/29/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY ROSS, PRES.

8/29/98

Date

Daytime Phone #

CP2EDAC 12 98