03/19/98 THU 16:29 FAX 1 954 763 2439 EMO 002

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

98 MAR 19 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO. H98000005412

prepared by: Scott R. Tarlow, Esq.
100 N.E. 3 Ave., #1100
Fort Laud., FL 33301
(954) 462-3300
Florida Bar No. 434140

DOCUMENT # P96000032280

1. Corporation Name
OCEAN RESORT PROPERTIES, INC.

Principal Place of Business	Mailing Address
2455 EAST SUNRISE BLVD. STE 420 FOR LAUDERDALE FL 33304	2455 EAST SUNRISE BLVD. STE 420 FOR LAUDERDALE FL 33304

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/15/1996

5. FEI Number: 65-0656595 ☐ Applied For ☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D P/S/T	BERNARDI, CHARLES	2455 EAST SUNRISE BLVD. STE 420	FOR LAUDERDALE FL 33304
D	FINKENSTEIN, HENRY	2201 WEST ROAD	STUYVESANT WI 53177
D	DOWNS, THOMAS	727 NO HIGHWAY A1A STE 201	INDIALANTIC FL 32903

3/20/98

REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent

BERNARDI, CHARLES
2455 EAST SUNRISE BLVD. STE 420
FOR LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

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

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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: Charles Bernardi Date: 3/17/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: Charles Bernardi Charles Bernardi, President 3/17/98 954-561-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080515 AP