

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 16 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093536

1. Corporation Name

Hawaiian Ocean Inn Associates, Inc.

200005348132--9
-04/25/02--01047--004
***1058.75 ***1058.75

2. Principal Office Address

3550 S. Ocean Blvd.

Suite, Apt. #, etc.

City & State

South Palm Beach, Fla.

Zip

33480

Country

USA

3. Mailing Office Address

3550 S. Ocean Blvd.

Suite, Apt. #, etc.

City & State

South Palm Beach, Fla.

Zip

33480

Country

USA

REINSTATEMENT

0002

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/96

5. FEI Number

650707945

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

Peter Ray; Cohen, Norris, Scherer, Weinberger & Wolmer

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

712 U. S. Highway One, Suite 400

Suite, Apt. #, Etc.

City

North Palm Beach

State

FL

Zip Code

33408

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 Please see attached sheet for signature

Date

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	Remo Polsell	30900 Telegraph Rd.	Bingham Farms, MI 48025

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/02

248-723-8400

Daytime Phone #

CR2E081 (9/00)

20f2

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Hawaiian Ocean Inn Associates, Inc.
2. The mailing address of the corporation : 3550 S. Ocean Boulevard, South Palm Beach, FLorida 33480
3. Date of incorporation/qualification: 11/14/96 Document number: P96000093536
4. The name and address of the current registered agent and office:

Larry Rothenberg, P.A.

2424 N. Federal Highway, Suite 455

Boca Raton, FL 33431

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Peter Ray ^{Care} of Cohen, Norris, Scherer, Weinberger & Wolmer

712 U. S. Highway One, Suite 400

North Palm Beach, FL 33408

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

4/14/02
(Date)

Remo Polselli, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

4/15/02
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***