PEFASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 667			10.10 DET O		IVII L.L. I	into Trilo i Ortivi.		
CORPORATION REINSTATEMENT		Secretar	TMENT &F STA	ÁŤE		FILED		
DOCUMENT # P9700021990 1. Corporation Name 1410 OCEAN DRIVE, Inc.					O1 DEC 24 PM 3: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1410	OCRAN D	rive, Inc.	·					
2. Principal Office Address		3. Mailing Office Addre	ss					
1238 Collins Ave		1238 Collins Ave.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
					4. Date Incorporated or Qualified To Do Business in Florida			
City & State -		City & State		- '		W. W. Co.	11,1997	
MIAMI BEACH, FC Zip Country 33139 USA		Mismi Beach, FC		て	5. FEI Number Applied For			
Zip Countr 33139	ŠSΔ	33139	US A		6.	\$8.75 Ad	ditional Fee required ertificate of Status	
Control of the Contro	 Promoternical Visitation (Service Service Continue) (Perfector) 	7. Name and A	ddress of Current R	legistere	ed Agent			
Name	7	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-					
Street Address (P.	Street Address (P.O. Box Number is Not Acceptable) 500004780866-6							
Sileet Address (F.C	1239		is Aue	-		****300.00 **	**30 0. 00	
Suite, Apt. #, Etc.	<u> </u>	-						
City						State Zip Code		
V	MAMI	PRIEW	>			FL 33139		
8. I, being appointed the register	ed agent of the abov	e named corporation, am f	amiliar with and accep	pt the ob	ligations of secti	on 607.0505 or 617.0503, F.S.	CR2E081 (9/00)	
Signature of Registered Agent								
Registered Agent	RE	SISTERED AGENT MUST	SIGN			Date / U/ CO/		
9. Names and Street Addresses	of Each Officer and	or Director (Florida nonpro	ofit corporations must l	ist at lea	st 3 directors)	CONTROL AND MANAGEMENT OF THE PARTY OF THE P	17-4-17-27-27-27-27-1-17-17-17-17-17-17-17-17-17-17-17-17-	
Titles Name of Street Address of Each						07. / 01-1- / 7/		
Uffice		Officer and/or Director			City / State / Zip			
B Jan A	Jay Weinserg Scott Weinserg		1238 collins Aue			Murin Beach,	FC 33138	
UP Scott	Weinser	9 1238	o Collins	A	re	Mumi Beach,	FC 33138	
		7				the		
this reinstatement application, owed by the corporation have on this application is true and SIGNATURE:	the reason for disso been paid and the n accurate and my sig	ution has been elfminated, ames of individuals listed o naturalshall rever he same	the corporate name s in this form do not qualle legal effect as if mad	atisfies t lify for ar le under	the requirements n exemption undo oath.	pter 607 or 617, F.S. I further certify of section 607.0401 or 617.0401, F.s. er section 119.07(3)(i), F.S. The infor	S., that all fees mation indicated	
SIGNATURE	AND TYPED OR PRIN	TED NAME OF SIGNING OFF	ICER OR DIRECTOR			Date Daytime Ph	one#	

Memo

To: Florida Department of State – Division of Corporations

From: 1410 Ocean Drive, Inc. – Scott Weinberg, V.P.

CC:

Date: 12/20/2001

Re: Reinstatement of Corporation – Document #: P97000021990

Please waive any penalty associated with the reinstatement of this corporation due to the non-receipt of the renewal notice from your office.

Our mailing address has changed. The new mailing address is: 1238 Collins Avenue, Miami Beach, FL 33139.

Thank you.