

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

02 SEP 20 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000038743

1. Corporation Name
200 OCEAN DRIVE G.P., INC.

2. Principal Office Address 1320 S. Dixie Hgwy		3. Mailing Office Address 1320 S. Dixie Hgwy	
Suite, Apt. #, etc. 781		Suite, Apt. #, etc. 781	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33146	Country USA	Zip 33146	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0768112

6. CERTIFICATE OF STATUS DESIRED

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
GARY L. BROWN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd.

Suite, Apt. #, Etc.
#265-S

City
Hollywood

State
FL

Zip Code
33021

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: *[Signature]*
GARY L. BROWN REGISTERED AGENT MUST SIGN

Date: **9/13/02**

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
DPST	Scott A. Greenwald	1320 S. Dixie Hgwy, 781	Coral Gables, FL 33146

REINSTATEMENT 2001-2002

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)(c), 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]* **8/19/02 (305) 6107-2225**

CREATED (6/1)