

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 DEC -5 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000029495**

**1. Corporation Name**

Florida Ocean Homes, Inc.

600009560806  
12/17/02--01063--008 \*\*1050.00

**2. Principal Office Address**

5100 Town Center Circle

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 430

City & State

Boca Raton, Florida

City & State

Zip

33486

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/31/98

**5. FEI Number**

65-0153961

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

E.H.G. Resident Agents, Inc.

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

5100 Town Center Circle

Suite, Apt. #, Etc.

Suite 430

City

Boca Raton

State

FL

Zip Code

33486

**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

Date 12/4/02

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,D	Ronald S. Faux	55 Arvida Parkway	Coral Gables, FL 33156

**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

12/4/02

Date

561-361-9300

Daytime Phone #

CR2E081 (9/01)