

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 23 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P98000044116

1. Corporation Name

OCEAN BEACH HOTEL AND CLUB, INC.

Principal Place of Business

264 ROUTE 537 EAST

COLTS NECK, NJ. 07722

Mailing Address

264 ROUTE 537 EAST

COLTS NECK, NJ. 07722

REINSTATEMENT 1999

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5-11-98

5. FEI Number

65-0850841

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

D/P  
S/T

ROBERT E. BRENNAN, JR.

264 RTE. 537 EAST

COLTS NECK, NEW JERSEY 07722

000003099290--3

-01/14/00--01065--024

\*\*\*\*\*750.00 \*\*\*\*\*750.00

000003099290--3

-01/14/00--01065--025

\*\*\*\*\*8.75 \*\*\*\*\*8.75

8. Name and Address of Current Registered Agent

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

F. RONALD MASTRIANA

MASTRIANA & CHRISTIANSEN

1500 NORTH FEDERAL HIGHWAY, STE. 200

FT. LAUDERDALE, FLORIDA 33304

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

Date 12.22.99

REGISTERED AGENT MUST SIGN

11. This corporation owes 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:

ROBERT E. BRENNAN, JR.

12.22.99 973.123.0806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #