PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 97 JAN 21 AM 7: 46 DOCUMENT # S03169 SECRETARY OF STATE TALLAHASSEE, FLORIDA OCEANSIDE LOUNGE, INC. Principal Place of Business Mailing Address 500 South Oceanshore Blvd 21 Scarsdale Rd Flagler Beach, FL 32136 Suite 101 Tuckahoe, NY 10707 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3 New Mailing Address, If Applicable 10/01/1990 Suite, Apt. #, etc. Suite, Ant. #, etc. 5. FEI Number Applied For City & State City & State 59-3028366 Not Applicable \$8.75 Additional Fee required Zin Country Country CERTIFICATE OF STATUS DESIRED [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) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers Title(s) and/or Directors City / State / Zip Suite 101 PD GERALDINE CASULLO 21 Scarsdale Road Tuckahoe, NY 10707 REINSTATEME 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent DANIEL CASULLO Street Address (P.O. Box Number is Not Acceptable) 500 South Oceanshore Blvd. Flagler Beach, PL 32136 Suite, Apt. #, Etc. 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. 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all tees owed by the corporation have been paid. 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

Daytime Phone #

1/8/97 (914)961-0488