

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 18 PM 2:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *S20952*

W-22349

1. Corporation Name

1739 South Ocean, Inc.

2. Principal Office Address

-265 Sunrise Ave.

Suite, Apt. #, etc.

Suite 204

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

265 Sunrise Ave.

Suite, Apt. #, etc.

Suite 204

City & State

Palm Beach, FL

Zip

33480

Country

USA

REINSTATEMENT

98-00

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/1990

5. FEI Number

65-0235697

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

Donald F. Mintmire, Esq.

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

265 Sunrise Ave.

Suite, Apt. #, Etc.

Suite 204

City

Palm Beach

State

FL

Zip Code

33480

500003408505-5

-09/28/00-01092-009

****1050.00 ***1050.00*

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

Donald F. Mintmire

REGISTERED AGENT MUST SIGN

Date

9/7/2000

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 |
|--------|--------------------------------------|---|----------------------|
| PTDS | Bennemann-Eichberg, Dagmar | 265 Sunrise Ave. #204 | Palm Beach, FL 33480 |
| AVPD | Bennemann, Sascha | 265 Sunrise Ave. #204 | Palm Beach, FL 33480 |
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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:

Bennemann Eichberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/2000
Date

(561) 833-8765

Daytime Phone #

KE

CR2E081 (9/99)