

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPROVED

FILED
Nov 14, 2002 8:00 A.M
 Secretary of State

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P00000004384**

1. Corporation Name

OCEANSIDE PALMS ESTATE CORP.

Principal Place of Business

600 MADISON AVENUE
 12TH FLOOR
 NEW YORK NY 10022

Mailing Address

600 MADISON AVENUE
 12TH FLOOR
 NEW YORK NY 10022

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

01/13/2000

5. FEI Number

52-2210160

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SOLDATI, PABIO	6901 RIVA CACCIA #1A	LUGANO, SWITZERLAND
VPS	GAZZOLA, MARIO	600 MADISON AVE, 12TH FLOOR	NEW YORK NY 10022
			100009087711 11/19/02--01069--027 **600.00
			100009087711 11/19/02--01069--028 **150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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	

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. or 617.0505, F.S.

Signature of Registered Agent

Brian Courtney
 Asst. V. Pres
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11-14-02**

11. 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 REQUIRED
 Mario Gazzola, Vice President/Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

212-888-2500

CR2040 (8/02)