

H06000190698 3

FILED


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUN 28 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000042918

1. Corporation Name

GAMI OCEANFRONT, INC.

2. Principal Office Address
c/o Litman Gerson LLP

3. Mailing Office Address

Suite, Apt. #, etc.
500 W. Cummings Pk., #4900

Suite, Apt. #, etc.

City & State
Woburn, MA

City & State

Zip
01801

Country
USA

Zip

Country

REINSTATEMENT
CR2E081 (12/05)

af ob
[Signature]

4. Date incorporated or Qualified To Do Business in Florida 1998

5. FEI Number
65-0834611

Applied For
Not Applied

6. CERTIFICATE OF STATUS DESIRED

Additional fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jane C. Rankin, Esquire c/o Kubicki Draper

Street Address (P.O. Box Number is Not Acceptable)
One East Broward Boulevard

Suite, Apt. #, Etc.
Suite 1600

City
Fort Lauderdale

State
FL

Zip Code
33301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0508 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

Date

7-19-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P	Dinesh Patel	c/o Litman Gerson LLP 500 W Cummings Pk #4900	Woburn, MA 01801
D	Jay Joshi	Same as above	

10. I certify that I am an officer or director of 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 contained in Chapter 118, 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: *X Dinesh Patel*
Dinesh Patel, President

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/06

Date

781-933-9660

Daytime Phone #

2/3



July 28, 2006

FLORIDA DEPARTMENT OF STATE
Division of CorporationsGAMI OCEANFRONT, INC.
C/O LITMAN GERSON LLP
500 W. CUMMINGS PK, #4900
WOBURN, MA 01801SUBJECT: GAMI OCEANFRONT, INC.
REF: P98000042918**RESUBMIT**

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$61.25 filing fee per year for the years 2004 through the current year, \$88.75 corporate supplemental fee for the years 1992 forward.

Therefore, the total fee to file the reinstatement is \$1050.00. Add an additional \$8.75 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document SpecialistFAX Aud. #: H06000190698
Letter Number: 606A00047776

P.O BOX 6327 - Tallahassee, Florida 32314

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

RESUBMIT

Please file 1st.

Susie Knight ex 2956

CORPORATION REINSTATEMENT

GAMI OCEANFRONT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

1050.00