

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 APR 30 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099541

1. Corporation Name

Green Ocean Investments, Inc.

200018568612  
05/08/03--01065--021 \*\*900.00

200018568612  
05/08/03--01065--020 \*\*8.75

2. Principal Office Address

601 Brickell Key Dr,

3. Mailing Office Address

782 N.W 42 AVE

Suite, Apt. #, etc.

802

Suite, Apt. #, etc.

340

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

USA

Zip

33126

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

October 12, 2001

5. FEI Number

05-1150521

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

Vazquez, Gerardo A ESQ

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

601 Brickell Key DR

Suite, Apt. #, Etc.

802

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

4/29/03

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
President	Carlos Vela	782 N.W. 42 Ave STE 340	Miami FL

REINSTATEMENT 02-03-ATS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS VELA

4/29/03

Date

(305)445-9076

Daytime Phone #

CR2E081 (10/02)