


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 AUG 16 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 09-11

500211122845
08/16/11--01020--007 **1050.00

CR2B081 (11/10)

DOCUMENT # PO2000007201
1. Corporation Name
MH OCEAN INVESTMENT CORP.

2. Principal Office Address - No P.O. Box #
19111 COLLINS AVE
Suite, Apt. #, etc.
604

3. Mailing Office Address
19111 COLLINS AVE.
Suite, Apt #, etc.
604

City & State
SUNNY ISLES, FLORIDA

City & State
SUNNY ISLES, FLORIDA

Zip Country
33160 USA

Zip Country
33160 USA

4. Date Incorporated or Qualified To Do Business in Florida
1/22/02

5. FEI Number
33-1221800

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
MOISES HARARI

Street Address (P.O. Box Number is Not Acceptable)
19111 COLLINS AVE.

Suite, Apt. #, Etc.
604

City State Zip Code
SUNNY ISLES FL 33160

8/17

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: [Signature] Date 8/11/2011

REGISTERED AGENT MUST SIGN

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
D	MOISES HARARI	19111 COLLINS AVE - SUITE 604	SUNNY ISLES, FL 33160
D	DAN HARARI	19111 COLLINS AVE - SUITE 604	SUNNY ISLES, FL 33160
D	SADEK HARARI	19111 COLLINS AVE - SUITE 604	SUNNY ISLES, FL 33160
D	EFRAJEM HARARI SILVERA	19111 COLLINS AVE - SUITE 604	SUNNY ISLES, FL 33160
D	SYLVIA HUSNI DAHAB	19111 COLLINS AVE - SUITE 604	SUNNY ISLES, FL 33160

10. E-mail Address: DSS@SERBZLAW FIRM.COM
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature] Date 8/11/11 Daytime Phone # 3059326015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR