

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000060505

1. Entity Name
OCEAN INTERNATIONAL SUPPLIERS, INC.



FILED
03 NOV -7 1711:59

Principal Place of Business
845 CREATIVE DRIVE
LAKELAND, FL 33813 US

Mailing Address
845 CREATIVE DRIVE
LAKELAND, FL 33813 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3200197

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOKNEBERG, ANNE
845 CREATIVE DRIVE
LAKELAND, FL 33813

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

10/11/06

~~FILE NOW!! FEE IS \$150.00~~

~~After January 1, 2007, Fee will be \$300.00~~

~~In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.~~

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BOKNEBERG, ANNE
845 CREATIVE DRIVE
LAKELAND, FL 33813

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500090889725
10/15/06--01029--002 **400.00
06/19/06 90003 013 \$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200081580062
11/07/06--01023--009 **200.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/06

NOV 7 2006