

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

9960000218/4

1. Corporation Name

Ocean Air Inc

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

22605 La Palma

Suite/Apt. #, etc.

511

City & State

Yorba Linda CA

Zip

92887

Country

U.S.A

3. New Mailing Office Address, If Applicable

22605 La Palma

Suite/Apt. #, etc.

511

City & State

Yorba Linda CA

Zip

92887

Country

U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

3.7.96

5. FEI Number

65-0647277

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)

Title(s)

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director  
(Do NOT Use Post Office Box Numbers)

4

City / State / Zip

Secretary Sarah Jane Rosselet

521 N.E 108 St.

Miami FL 33161

10003099991--5

-01/15/00--01001--021

\*\*\*1058.75 \*\*\*1058.75

President Joseph Mark Rosselet

22605 La Palma Ave, #511

Yorba Linda, CA 92887

REINSTATEMENT 98-00

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8. Name and Address of Current Registered Agent

Joseph Mark Rosselet

22605 La Palma Ste 511

Yorba Linda CA 92887

9. Name and Address of New Registered Agent

Name

Sarah Jane Rosselet

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

521 N.E 108 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33161

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.

Signature of  
Registered Agent

Sarah Jane Rosselet

REGISTERED AGENT MUST SIGN

Date

11/29/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐

No ☒

(See other side for information  
on intangible tax.)

12. 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

Date

11/29/99

Daytime Phone #

714 694-0694

CR2E081 (12/98)