PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	DRATION ATEMENT		FLORIDA DEPART Secretary DIVISION OF CO	of State	וןם נוס	SECRETARY OF STATE VISION OF CORPORATIONS OL MAY 10 AM 8:00		
DOCUMENT # P960000 808 28 1. Corporation Name								
Ocean Yacht Service, Inc.								
					RFINS	STATEMENT (%)	-04	
2. Principal Office Address			3. Mailing Office Address		0855057		ر مر	
1458 10 th Court Suite, Apt. #, etc.			1458 10 th Court Suite, Apt. #, etc.			1711		
C			C		4. Date Incorporated or Qualified To Do Business in Florida 9/30/1996			
City & State Lake Park FL			Lake Park FL		5. FEI Number	Applied		
Zip 3340	Cour	itry 'SA	Zip 33403	Country USA	65 0 6°	S8.75 Additional Fee	required	
<u> </u>	7. Name and Address of Current Registered Agent							
Street Address (P.O. Box Number is Not Acceptable) 3866 Melalevea lave State Zip Code FL Zip Code FL 3346/ 8. 1, 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 ABSISTERED AGENT MUST SIGN								
9. Names and	Street Address	es of Each Officer and	Vor Director (Florida nonpro	fit corporations must list at le	ast 3 directors)			
Titles	ttles Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip		
D - 7	uome!	a Juha	6519	N. Chasewo	od-dr.F	Jupiter FL-3345	`& - -	
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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:								
	SIGNATI	IRE AND TYPED OR PR	INTED NAME OF SIGNING OF	FICER OR DIRECTOR	'	Date Davtime Phone #	•	

2002

Florida Department of State Division of corporations

May 5, 2004

I am asking Department of State to waive our \$600.00 reinstatement fee. We never received annual report for year 2000 or later. Enclosed is our application for reinstatement and payment for annual fees for years 2000 to 2004.

Juha Tuomela President

Ocean Yacht Service, Inc. 1458 10th Court, bay C Lake Park, FL, 33403