

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 MAY 19 PM 2:35

DOCUMENT # P97000073332

1. Corporation Name

THE OCEAN'S TREASURERS, INC.

 05/13/08 01610 021 \$1,000.00
 05/13/08 01010 022 358.75
 CR2E081 (12/07)

2. Principal Office Address - No P.O. Box

2529 NE 181ST STREET

Suite, Apt. #, etc.

UNIT 2

City & State

NORTH MIAMI BEACH, FL

Zip

33166

Country

MIAMI-DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/25/1997

5. FEI Number

65-0781459

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

EDUARDO LAMPE

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

2529 NE 181ST STREET

Suite, Apt. #, Etc.

UNIT 2

City

NORTH MIAMI BEACH

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in
 circumstances which the entity did not receive
 the prior notices. By checking this box, you
 are certifying the prior notices were not
 received and requesting the reinstatement
 fee be waived.

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

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
P/D	EDUARDO LAMPE	2529 NE 181ST STREET	NORTH MIAMI BEACH, FL 33166
VP	RACHEL SILBER	2529 NE 181ST STREET	NORTH MIAMI BEACH, FL 33166

REINSTATEMENT

 B 5/22/08
 06-08

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 contained in Chapter 119, 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

Daytime Phone #