

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 30 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 252045

1. Corporation Name

3060 South Ocean, Inc.

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

316 South County Road

3. Mailing Office Address

P.O. Box 2683

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

500179467785
04/30/10--01057--012 **300.00

REINSTATEMENT 09-10
CR2E081 (#10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1961

5. FEI Number

59-0991371

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

Rachel Witman Gwinn

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

316 South County Road

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Rachel C Gwinn
REGISTERED AGENT MUST SIGN

Date *4/29/2010*

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
PTS	Rachel W. Gwinn	316 South County Road	Palm Beach, FL 33480
			<i>cc 5/5</i>

10. E-mail Address: gjecpa@bellsouth.net

(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., 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.

SIGNATURE:

Rachel C Gwinn RACHEL C. GWINN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2010
Date

Daytime Phone #