

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 AM 8:35

DOCUMENT # 418573

1. Corporation Name

OUT-ISLAND OCEANICS, INC.

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

715 SW COCONUT DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

AS

City & State

FORT LAUDERDALE

City & State

FL

PRINCIPAL
OFFICE

Zip

33315

Country

BROWARD

Zip

Country

400180277514
05/04/10--01048--016 **450.00

KS

REINSTATEMENT

08-10.

4. Date Incorporated or Qualified
To Do Business in Florida

02-08-1973

5. FEI Number

591506321

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

DANIEL R. DOYLE

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

715 SW COCONUT DRIVE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33315

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

Daniel R. Doyle
REGISTERED AGENT MUST SIGN

Date 30 April 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
P Pres	DANIEL R. DOYLE	715 SW COCONUT DR	Fort Lauderdale FL 33315
ST Sec/Tre	SUZANNE F. FORD	715 SW COCONUT DR	Fort Lauderdale FL 33315

10. E-mail Address:

SEADRAGONBAHAMAS@HOTMAIL.COM

(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:

Daniel R. Doyle

DANIEL R DOYLE

30 Apr 2010

9545220114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #