

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 16 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 427580

1. Corporation Name

BLUE OCEAN CORPORATION

REINSTATEMENT 03-04

2. Principal Office Address

334 OCEAN DRIVE

3. Mailing Office Address

334 OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

Zip

33139

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-146817V

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

MARAUO, VINCENT

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

334 OCEAN DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

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

X Vincent Marauo

REGISTERED AGENT MUST SIGN

Date

2/7/04

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
PD	MARAUO, VINCENT	334 OCEAN DRIVE	MIAMI BEACH, FL 33139
VPD	MARAUO, MARIA	334 OCEAN DRIVE	MIAMI BEACH, FL 33139
S	MARAUO, ROCCO	334 OCEAN DRIVE	MIAMI BEACH, FL 33139

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:

Vincent Marauo, Pres - Vincent Marauo, 2/7/04, 305 335-7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)