2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# F02000005891

Entity Name: OCEANIA CRUISES, INC.

Current Principal Place of Business:

8300 NW 33RD STREET
SUITE 308
MIAMI, FL 33122 `

New Principal Place of Business:

Current Mailing Address:

8300 NW 33RD STREET
SUITE 308
MIAMI, FL 33122 `

New Mailing Address:

FEI Number: 98-0382033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINON, GEMA M
8300 SW 33RD STREET
SUITE 308
MIAMI, FL 33122 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEMA M. PIÑON
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CCEO ( ) Delete
Name: DEL RIO, FRANK
Address: 8300 NW 33RD STREET STE 308
City-St-Zip: MIAMI, FL 33122

Title: SCFO ( ) Delete
Name: SAN MIGUEL, LUIS
Address: 8300 NW 33RD STREET STE 308
City-St-Zip: MIAMI, FL 33122

Title: P ( ) Delete
Name: BINDER, ROBERT
Address: 8300 NW 33RD STREET STE 308
City-St-Zip: MIAMI, FL 33122

Title: SVP ( ) Delete
Name: GONZALEZ, VICTOR
Address: 8300 NW 33RD STREET STE 308
City-St-Zip: MIAMI, FL 33122

Title: SVHO ( ) Delete
Name: LINDSAY, ROBIN
Address: 8300 NW 33RD STREET STE 308
City-St-Zip: MIAMI, FL 33122

Title: VP ( ) Delete
Name: PINON, GEMA M
Address: 8300 NW 33RD STREET STE 308
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SCFO (X) Change ( ) Addition
Name: KAMLANI, KUNAL S
Address: 8300 NW 33RD STREET STE 308
City-St-Zip: MIAMI, FL 33122

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEMA M. PIÑON VP 10/05/2009
Electronic Signature of Signing Officer or Director Date