

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 21 PM 3:16

DOCUMENT # G87002

1. Corporation Name

Ocean Paint Corp.

2. Principal Office Address

7602 NW 2 Street

Suite, Apt., etc.

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Office Address

7602 NW 2 Street

Suite, Apt., etc.

City & State

Miami, FL

Zip

33126

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/23/83

5. FEI Number

59-2350795

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge Capote, Jr.

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

7602 NW 2 Street

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33126

100005193631-7  
-04/05/02--01006--026  
\*\*\*\*\*308.75 \*\*\*\*\*308.75

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 3-19-02

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	Nydia Capote	7602 NW 2 Street	Miami, FL 33126
VP	Jorge Capote, Jr.	7602 NW 2 Street	Miami, FL 33126

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-02 305 389-2914

Date

Daytime Phone #

CR2E081 (9/01)