

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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01/21/04--01010--031 \*\*100.00

Recd

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # L01000609362

1. Limited Liability Company's Name  
OCEAN Enterprises LLC

2. Principal Office Address <u>604 Brickell Key Dr</u>		3. Mailing Office Address <u>604 Brickell Key Dr.</u>	
Suite, Apt. #, etc. <u>604</u>		Suite, Apt. #, etc. <u>604</u>	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33131</u>	Country <u>USA</u>	Zip <u>33131</u>	Country <u>USA</u>

4. State/Country of Formation  
Florida, USA

5. Date Organized or Qualified To Do Business In Florida  
June 12, 2001

6. FEI Number  
65-113280 Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Fernando PeñaFiel

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

Suite, Apt. #, Etc.  
PH#12

City  
Miami, FL

State  
FL

Zip Code  
33149

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12/08/03--01075--009 \*\*150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN

Date 11-18-03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR	Fernando PeñaFiel	265 GRANDON Blvd. PH#12, MIAMI	Miami, FL 33149
MR	Felipe Coelho	1155 BRICKELL BAY DRIVE # 3310	Miami, FL 33131

REINSTATEMENT 2002-2003-2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 11-18-03 Daytime Phone # 305-60-3097

Typed or printed name of signing Managing Member/Manager Fernando PeñaFiel

CR2E041 (10/02)