

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 22 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000007093

1. Limited Liability Company's Name

OCEAN MARKETING SERVICES
INTERNATIONAL, LLC

400163589844
12/14/09--01059--009 **138.75
CR2E081 (11/09)

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

3235 LAUREL DALE DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 340823

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33618

Country

USA

Zip

33694-0823

Country

USA

4. State/Country of Formation

JAN 22, 2008

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

26-1948905

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☒ A \$100 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 \$100
reinstatement fee.

400163589844
12/22/09--01023--002 **500

8. Name and Address of Current Registered Agent

Name GABRIEL RINCON

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

3235 LAUREL DALE DR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33618

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

REGISTERED AGENT MUST SIGN

Date 12-18-09

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
MGRM	JOSE RINCON	3235 LAUREL DALE DR	TAMPA, FL 33618
MGM	GABRIEL RINCON	3235 LAUREL DALE DR	TAMPA, FL 33618

REINSTATEMENT

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Date 12-18-09

Daytime Phone (813) 3634116

Typed or printed name of signing Managing Member/Manager