

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR 96
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

96 NOV -8 PM 12:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L34185

1. Corporation Name

OCEAN AIR ENTERPRISES, INC.

Principal Place of Business

**P.O. BOX 421080
KISSIMMEE FL 34742-1080**

Mailing Address

**P.O. BOX 421080
KISSIMMEE FL 34742-1080**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 96ad

4. Date Incorporated or Qualified To Do Business in Florida

12/01/1989

5. FEI Number

50-2979846

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SHEK, YOUSAF	7646 IRLO BRONSON HWY	KISSIMMEE FL

8. Name and Address of Current Registered Agent

**MOHAMMAD, NADEEM
7646 IRLO BRONSON HWY
KISSIMMEE FL 34746**

9. Name and Address of New Registered Agent

Name
MOHAMMED F. BATTLA
Street Address (P.O. Box Number is Not Acceptable)
7646 W. IRLO BRONSON HWY.
Suite, Apt. #, Etc.
City
KISSIMMEE State
FL Zip Code
34746

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/5/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

YOUSAF SHEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/96 **707-239-6181**
Date Daytime Phone #