

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
01 DEC 28 AM 10:45

DOCUMENT # P00000019355

1. Corporation Name

OCEAN MEDIA, INC.

Principal Place of Business

5333 NORTH DIXIE HIGHWAY, SUITE 207
FORT LAUDERDALE FL 33334

Mailing Address

5333 NORTH DIXIE HIGHWAY, SUITE 207
FORT LAUDERDALE FL 33334



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

2. New Principal Office Address, If Applicable

2175 N. Andrews Ave Ext

Suite, Apt. #, etc.

#5

City & State
Pompano Beach FL

Zip
33069

Country
Broward

3. New Mailing Office Address, If Applicable

2175 N. Andrews Ave Ext

Suite, Apt. #, etc.

#5

City & State
Pompano Beach FL

Zip
33069

Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/2000

5. FEI Number

65-0992038

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SCHRAGER, STEVEN M	5333 NORTH DIXIE HIGHWAY, SUITE	FORT LAUDERDALE FL 33334
D	HANSEN, GRANT G	5333 NORTH DIXIE HIGHWAY, SUITE	FORT LAUDERDALE FL 33334
		2175 N. Andrews Ave Ext. Suite #5	
		POMPAÑO BEACH, FL 33069	
			100004764621--0 -01/10/02--01030--017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

INGLIS, RICHARD K ESQ
2455 EAST SUNRISE BLVD., SUITE 320
INTERNATIONAL BUILDING
FORT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Richard K. Inglis

REGISTERED AGENT MUST SIGN

Date

11/19/01

11. 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:

Steven M. Schrage

STEVEN M. SCHRAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-15-01

Daytime Phone #

954
4395657

CR2ED40 (8/01)