1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 10 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022495

1. Corporation Name
1003 OCEAN TWO, INC.

REINSTATEMENT 03-04
MRS

2. Principal Office Address		3. Mailing Office Address	
2588 SW 27 AVE		2588 SW 27 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33133	Country US	Zip 33133	Country US

4. Date Incorporated or Qualified To Do Business in Florida 03/06/2000

5. FEI Number
651023696
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CONSULTING SERVICES OF SOUTH FLORIDA, INC.

000041124700
09/17/04--01063--004 **300.00

Street Address (P.O. Box Number is Not Acceptable)
2588 SW 27 AVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent
Ann Garcia
REGISTERED AGENT MUST SIGN

Date 9/9/2004

CR2E061 (01/04)

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
D	MARCEL APELOIG	2588 SW 27 AVE	MIAMI, FL 33133
D	SILVIA APELOIG	2588 SW 27 AVE	MIAMI, FL 33133
D	GABRIELA APELOIG	2588 SW 27 AVE	MIAMI, FL 33133

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 complete, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Marcel Apeloig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/2004
Date

305-444-2213
Daytime Phone #