

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB -6 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000051711*

1. Corporation Name

OCIO, Inc.

2. Principal Office Address

191 SW 9th St

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33060

Country

USA

3. Mailing Office Address

191 SW 9th St

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33060

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/25/2000

5. FEI Number

59-3647386

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marcus A. Tirado

700004912517--5

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

191 SW 9th Street

02/12/02-0107--022

****908.75 ***908.75*

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33060

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

2/1/02

REGISTERED AGENT MUST SIGN

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
P	<i>Marcus A. Tirado</i>	<i>191 SW 9th St</i>	<i>Pompano Beach, FL 33060</i>
V/P	<i>Ivan Del Toro</i>	<i>8341 NW 17th Court</i>	<i>Pembroke Pines, FL 33024</i>
S/K	<i>Michael A. Tirado</i>	<i>191 SW 9th St</i>	<i>Pompano Beach, FL 33060</i>

REINSTATEMENT

01-02

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 (954)9412962

Date

Daytime Phone #

CR2E081 (9/01)