

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000064597

1. Corporation Name

OCEAN LABS, INC.

2. Principal Office Address

5921 SW 85 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33143

Country

DADE

3. Mailing Office Address

5921 SW 85 AVE

Suite, Apt. #, etc.

City & State

MIAMI

Zip

33143

Country

DADE

FILED

03 MAY -9 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 01-03

200018673482

05/03/03--01056--013 \*\*1050.00

4. Date Incorporated or Qualified  
To Do Business in Florida 07-05-2000

5. FEI Number

65-0128487

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

ANGEL J. PEREZ

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

5921 SW 85 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

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

*Angel J Perez*

REGISTERED AGENT MUST SIGN

Date 04-07-03

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
PD	ANGEL J. PEREZ	5921 SW 85 AVE.	MIAMI, FL 33143
VP	ANGEL G. PEREZ	5921 SW 85 AVE	MIAMI, FL 33143
ASST/V	ANNETTE M. PEREZ	5921 SW 85 AVE	MIAMI, FL 33143
TREAS	ANA I. PEREZ	5921 SW 85 AVE	MIAMI, FL 33143

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:

*Angel J Perez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-03

Date

Daytime Phone #

92 5/13