

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 MAY -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000066197**

1. Corporation Name

OCET COMPANY, INC.

Principal Place of Business

Mailing Address

~~918 SOUTHARD STREET #105~~
~~KEY WEST FL 33040~~

918 SOUTHARD STREET #105
KEY WEST FL 33040

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

2. New Principal Office Address, If Applicable

1700 B SEMINARY ST.

Suite, Apt. #, etc.

KEY WEST FL 33040

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

PO BOX 489

City & State

KEY WEST FL

Zip

33041

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/2000

5. FEI Number

651029427

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	DIMANDO, SHANE M	918 SOUTHARD STREET #115	KEY WEST FL 33040
			700005509327--5
			-05/14/02--01053--018
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

STEPHEN BRANDON DIMANDO

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

1700 "B" SEMINARY ST.

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

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

S. Brandon Dimando

REGISTERED AGENT MUST SIGN

Date

1-12-02

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:

SHANE M. DIMANDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-12-02 305-507-1519

Daytime Phone #

CR2E040 (9/01)