

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 APR -8 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000076156

1. Corporation Name

OCEAN MORTGAGE Group, INC

2. Principal Office Address - No P.O. Box #

4240 NE 24<sup>th</sup> AVE

Suite, Apt. #, etc.

City & State

Light house Point, FL

Zip

33064

Country

USA

3. Mailing Office Address

4240 NE 24<sup>th</sup> AVE

Suite, Apt. #, etc.

City & State

Light house Point, FL

Zip

33064

Country

**REINSTATEMENT**

CR2E081 (1/07)

08-09

4. Date Incorporated or Qualified  
To Do Business in Florida

9-26-08

5. FEI Number

651030969

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

Edilberto J. Rodriguez

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

4240 N.E 24<sup>th</sup> AVE

Suite, Apt. #, Etc.

City

Light house Point

State

FL

Zip Code

33064

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]*

REGISTERED AGENT MUST SIGN

Date

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	Edilberto Rodriguez	4240 N.E 24 <sup>th</sup> AVE	Light house Point, FL 33064

500149187285  
04/08/09--01015--009 \*\*300.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B Mitchell APP 8 2000