

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 NOV -7 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008762

1. Corporation Name

OceanTest, Inc

2. Principal Office Address

117 Galleon Rd

Suite, Apt. #, etc.

City & State

Islamorada, Fl

Zip
33036

Country
USA

3. Mailing Office Address

117 Galleon Rd

Suite, Apt. #, etc.

City & State

Islamorada, Fl

Zip
33036

Country
USA

400061182404
11/07/05--01004--013 **300.00
REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/01

5. FEI Number
651070438

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

Mark Cooperson

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

117 Galleon Rd

Suite, Apt. #, Etc.

City

Islamorada

State
FL

Zip Code
33036

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

REGISTERED AGENT MUST SIGN

Date 11/01/2005

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
Dir	Mark Cooperson	117 Galleon Rd	Islamorada, Fl 33036

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Cooperson

11/01/2005

305-224-4602

Date

Daytime Phone #

11/7/05



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State of Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

November 1, 2005

Re: Application for Corporation Reinstatement

To whom it may concern,

Enclosed is the application for reinstatement for OceanTest, Inc (Document # P01000008762).

After trying to reinstate via the Internet, and was informed the reinstatement period had lapsed, I called the Division offices and informed the staff person that I had not received any paperwork or forms from the State to file the necessary forms. (Perhaps this was due to the Hurricane damage / recovery situations over the last couple of years; I know in the Keys we have been tremendously impacted during this period of time, including mail deliveries).

Having informed that staff person of this situation, she advised me to file the reinstatement form along with a letter explaining the situation that had occurred and asking for relief from the penalty fee(s), and include a check for Three-Hundred Dollars.

Please consider this letter as that request for relief, and find included the requisite reinstatement form and check.

Thank you.

Mark Coopersmith
117 Galleon Rd
Islamorada, FL 33036
305-852-5167 (Home)
305-224-4602 (Work)
mcoopersmith@ci.homestead.fl.us