## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

_	RPORATI ISTATEM	_			Secretar	TMENT OF y of State or porations			. viŝ _03	JUN 26	ly of 3 Corpor <b>PH 12:</b>	TATE ATIO:		
	UMENT	# {	20/00	0087	294	14								
ОС	EAN SIX	TY, II	NC.											
2. Principal Office Address 60 OCEAN BLVD.				3. Mailing Office Address 60 OCEAN BLVD.					· 		·			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				4. Date Incor	porated or	Qualified				1
City & State ATLANTIC BEACH, FL				City & State ATLANTIC BEACH, FL				To Do Business in Florida AUGUST 22, 200°  5. FEI Number   Applied For						
<sup>Zip</sup> 32233		Country		<sup>Zip</sup> 32233	Country USA			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of States					e required	
				7.	Name and A	ddress of Curr	ent Register	ed Agent			· · · · · · · · · · · · · · · · · · ·			-
	Name							600020977276 06/18/0301059008_**901.00						
	Street Add	ess (P.O	. Box Number is	Not Acceptable)				<del>- 10/1/</del>	<del>6/U3***</del>	<del>-01055-</del>	= <del>[[]]                                 </del>	<del>- 7 ) (II</del>	ÜÜ	
Suite, Apt. #, Etc.									06/18/0301059009 **15					
	City .					·			State <b>FL</b>	Zip Code				<b>.</b> .
8. I, being	appointed the	registere	d agent of the ab	ove named corpo	oration, am fa	amiliar with and	accept the ob	oligations of secti	on 607.05(	)5 or 617.050	3, F.S.			CR2E081 (10/02
Signature of Registered			- <del></del>						Date :	·				RZE08
9 Name	e and Street Ad	dresees	<del></del>	REGISTERED AG			muct liet at les	set 3 directors)					<u>.</u>	ľ
Titles	es and Street Addresses of Each Officer and/or Director  Name of Officers and/or Directors					Street Add	dress of Each	<u>_</u>	City / State / Zip					
D	GROSHELL, DANIEL J.				1427 S. 1ST STREET				JACKSONVILLE BEACH, FL 32250					
D ·	GROSHELL, RACHEL A.				1427 S. 1ST STREET				JACKSONVILLE BEACH, FL 32250					
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
								<u>.                                    </u>		·				
this rei owed t	instatement app by the corporati	olication, i	director or the recithe reason for dispeed paid and the accurate, and my	solution has beer names of individ	n eliminated, luals listed or	the corporate na n this form do no	ame satisfies of qualify for a f made under	the requirements n exemption und oath,	of section	607.0401 or I	617.0401. F.S	S., that all	fees	
SIGNA		MATURE	AND TYPED OR PI	TOTAL RINTED NAME OF	SIGNING OFF	ACHE ICER OR DIRECTO		hell	Date	0/03	(904) Daytime Pho	1247- ine#	-006C	

6821 Southpoint Drive North #129 Jacksonville, Florida 32216 E-mail: KSGreenCPA@aol.com Office: 904-332-6500

904-881-8500

June 10, 2003

Florida Department of State Division of Corporations P.O. Box 6327 —Tallahassee, FL 32314

Re: Reinstatement of Ocean Sixty, Inc. corporation

Mr. Shivers,

My client received the letter from you stating that the corporation "Ocean Sixty, Inc." is inactive and it could be reinstated for \$900.00. The corporation has intended to be active from its inception in the year 2001 but did not renew its corporate status in the year 2002 because the renewal form was not received in a timely manner.

The address you had for my client was incorrect and my client moved last year which cause the corporate renewal form to be lost for an extended period of time. Once it came to my clients attention that the form needed to be submitted, she mailed in the payment. Please find the enclosed application for corporate reinstatement and the \$900.00 fee for reinstatement.

There is a provision stating that the penalty for not filing the renewal form timely can be waived if the form was not received by the corporation. Based on my clients circumstances, I believe this provision applies. Please abate the late filing penalty and refund the difference between the \$900.00 renewal fee and the \$300.00 to reinstate my clients corporate status for the years ended 2002 and 2003.

Thank you for your understanding in this matter.

Sincerely,

Keith Green