

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P01000090556

1. Corporation Name

OCTOPUSE MARINE, INC.

Principal Place of Business

600 THREE ISLE BLVD. #1615
HALLANDALE BCH FL 33009

Mailing Address

600 THREE ISLE BLVD. #1615
HALLANDALE BCH FL 33009

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/2001

5. FEI Number

65/1141217

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

Director Iehuda Tzynder

600 Three Isle Blvd #1615

Hallandale Beach FL
33009

100008806991
11/05/02--01059--025 **8.75

100008806991
11/05/02--01059--026 **150.00

8. Name and Address of Current Registered Agent

IEHUDA, TZYNDER
600 THREE ISLE BLVD. #1615
HALLANDALE BCH FL 33009

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

954-4543116

Daytime Phone #

CR2E040 (8/02)

October 28, 2002



OCTOPUS-MARINE INC.
YACHT MANAGEMENT
DOCKSIDE MAINTANANCE
600 THREE ISLAND BLVED #1615
HALLANDALE BEACH, FL 33009
PHONE: 1-954-448-8088
FAX: 1-954-454-3116

To whom it may concern!

We just wanted to inform you that we have not received any of the annual reports/uniform business reports prior to the enclosed notice of administrative dissolution or revocation. Neither our accountant nor we had received the first and second notice prior to this one. Therefore, after calling your center on Monday October 28, 2002, and talking to one of your representatives, we have decided to write this letter. The representative tolled us that if we did not receive any prior notice than we should go ahead and send the \$150.00 annual fee with this letter attached. Please be advised that our address did not change however we had not received the previous notices. We are always on time, and were surprised by this notice. Please reinstate the corporation since we were not at fault.

Sincerely yours

Iehuda Tzynder

A handwritten signature in black ink, appearing to read 'Iehuda Tzynder'. The signature is stylized with a large, sweeping initial 'I' and a long, horizontal flourish extending to the right.