PLEASE READ ALL INSTRUCTIONS BEFORE CO								ING THIS FOR	IM.	
	PLICATION FOR STATE OF THE PLAN OF THE PLA	BV	A DEPAR Jim Secreta	Smith ry of S	n State	STATE		FILED		
DOCUMENT # P0100090556  1. Corporation Name							02 NOV -5 AM 9: 37			
OCTOPUSE MARINE, INC.								SECRETARY OF STALLAHASSEE, FLO	TATE DRIDA	
Principal Place of Business Mailing Address									11627	
600 THREE ISLE BLVD #1615 600 T			THREE ISLE BLVD #1615 LANDALE BCH FL 33009							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.										
2. New Pr	incipal Office Address, If Applicable	3. New Mailing Office Address, If Applica			Applicable		Date Incorp     To Do Busi	orated or Qualified ness in Florida	09/12/2001	
Suite, Apt. #, etc. Sui			Suite, Apt. #, etc.			5. FEI Numbe	r			
City & State	е	City & State						/1141217   Applied For Not Applicable		
Zip	Country	Zip		Country	,		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required	
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	orida nonnrofit	Corpora	tions must l	list at lone			for a Certificate of Status	
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			of Each	st 3 directors)	City / State / Zip		
Director Tehuda Tzynder			600 Three Isle Blue				#1615	Hall andal E	e Beach FL	
				<del></del>					4300	
<del></del>		<del>.</del>		<del>-</del>	<del></del> -		10	nnnsane	ЭП 1	
					<del></del>		11/05/	0008806: 0201059025	**8.75	
					<b>-</b>	- *		<del>gogggg</del>	991 787 94	
					116		11/05/	'0201059026	**150.00	
8. Name and Address of Current Registered Agent						9. Name and A	ddress of New Registere	d Agent		
					Name				3411	
IEHUDA, TZYNDER					Street Address (P.O. Box Number is Not Acceptable)					
THE PERSON WILLIAM							(10111001 1	s mot Acceptable)	į,	
HALLANDALE BCH FL 33009					Suite, Apt. #, Etc.					

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

REGISTERED AGENT MUST SIGN

Date 10/28/02

State

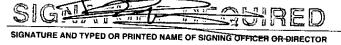
FL

Zip Code

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.

City

SIGNATURE:



10/22/02

954-4543116



OCTOPUS-MARINE INC.
YACHT MANAGEMENT
DOCKSIDE MAINTANANCE
600 THREE ISLAND BLVED #1615
HALLANDALE BEACH, FL 33009
PHONE: 1 054 440 6000

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