

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 10 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119740

1. Corporation Name

TRI-OCEANIC INDUSTRIES, INC.

2. Principal Office Address

1740 HULETT DR

Suite, Apt. #, etc.

City & State

BRANDON, FL

Zip

33511

Country

HILLSBOROUGH

3. Mailing Office Address

1740 HULETT DR

Suite, Apt. #, etc.

City & State

BRANDON, FL

Zip

33511

Country

HILLS

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/01

5. FEI Number

32-0016115

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

Dr. Patrick ISEWERE

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

1740 HULETT DR

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33511

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

Patrick Isewere

Date

11/05/04

REGISTERED AGENT MUST SIGN

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.	Dr. Patrick ISEWERE	1740 HULETT DR	BRANDON, FL 33511
		BRANDON, FL 33511	

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)(l), 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:

Patrick Isewere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/04 (813) 932-4351

Daytime Phone #

CR2E081 (01/04)



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Christopher E. Osimen, CPA, CFST

1209 W. Linebaugh Ave, Tampa, FL 33612
(813) 932-4351 FAX: (813) 932-4581

EMAIL: OSIMENCPA@yahoo.com

October 15, 2004

Justin M. Shivers, Document Specialist Supervisor
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
04 NOV 10 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Shivers,

SUBJECT: TRI-OCEANIC INDUSTRIES, INC.
REF #: P01000119740

Please find enclosed the completed Corporation Reinstatement form signed by the president of TRI-OCEANIC INDUSTRIES INC., and \$450.00 filing fees for 2002, 2003, and 2004.

We are requesting that the State waive the Reinstatement penalty to zero because **we did not received Original/Second Notice Uniform Business Report (UBR)**. We have exercised ordinary care and prudence on our part in complying with the State laws.

Please kindly call me at (813) 932-4351 if you have any questions.

Thanks for your usual cooperation

Yours truly,

~~PATRICK I. JEWERE~~
President