

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 AUG 16 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000007201

1. Corporation Name

MH OCEAN INVESTMENT CORP.

REINSTATEMENT 09-11

500211122845
08/16/11--01020--007 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/02

5. FEI Number

33-1221800

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2. Principal Office Address - No P.O. Box #

19111 COLLINS AVE

Suite, Apt. #, etc.

604

3. Mailing Office Address

19111 COLLINS AVE.

Suite, Apt. #, etc.

604

City & State

SUNNY ISLES, FLORIDA

City & State

SUNNY ISLES, FLORIDA

Zip

33160

Country

USA

Zip

33160

Country

USA

7. Name and Address of Current Registered Agent

Name

MOISES HARARI

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

19111 COLLINS AVE.

Suite, Apt. #, Etc.

604

City

SUNNY ISLES

State

FL

Zip Code

33160

8/17

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: [Signature]

Date 8/11/2011

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
<u>D</u>	<u>MOISES HARARI</u>	<u>19111 COLLINS AVE.</u> <u>SUITE 604</u>	<u>SUNNY ISLES, FL 33160</u>
<u>D</u>	<u>DAN HARARI</u>	<u>19111 COLLINS AVE.</u> <u>SUITE 604</u>	<u>SUNNY ISLES, FL 33160</u>
<u>D</u>	<u>SADEK HARARI</u>	<u>19111 COLLINS AVE.</u> <u>SUITE 604</u>	<u>SUNNY ISLES, FL 33160</u>
<u>D</u>	<u>EFRAYEM HARARI SILVERA</u>	<u>19111 COLLINS AVE.</u> <u>SUITE 604</u>	<u>SUNNY ISLES, FL 33160</u>
<u>D</u>	<u>SYLVIA HSN: DAAHAB</u>	<u>19111 COLLINS AVE.</u> <u>SUITE 604</u>	<u>SUNNY ISLES, FL 33160</u>

10. E-mail Address: DSS@SERBZLAW FIRM.COM

(To be used for future annual report notification)

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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/11 305938615
Date Daytime Phone #