

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -7 PM 12:56

DOCUMENT # P02 00001 3908

1. Corporation Name
Coceansz Inc.

2. Principal Office Address
22 Finch

Suite, Apt. #, etc.

City & State

Dollard des Ormeaux, QC

Zip

H9A 3G8

Country

Canada

3. Mailing Office Address
22 Finch

Suite, Apt. #, etc.

City & State

Dollard des Ormeaux, QC

Zip

H9A 3G8

Country

Canada

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida Feb. 7, 2002

5. FEI Number
56-2285520

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
Michael Tietolman

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

2080 South Ocean Dr.

Suite, Apt. #, Etc.

Apt. #912

City

Hillandale

State

FL

Zip Code

33009

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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]
REGISTERED AGENT MUST SIGN

Date June 4, 2004

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
CEO	Michael Tietolman	22 Finch	Dollard des Ormeaux, QC, H9A 3G8
VP	Susan Tietolman	22 Finch	Dollard des Ormeaux, QC, H9A 3G8

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4, 2004

Date

1-514-945-6356

Daytime Phone #

CR20081 (01/04)