2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000025904

POST OFFICE BOX 320637

COCOA BEACH, FL 329320637

Address: City-St-Zip:

Entity Name: OCEANIQUE DEVELOPMENT COMPANY, INC.

FILED Oct 15, 2009 Secretary of State

			,		
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
925 NORTH COURTNEY PARKWAY MERRITT ISLAND, FL 32953			925 NORTH COURTN	925 NORTH COURTNEY PARKWAY	
			#28	#28 MERRITT ISLAND, FL 32953	
			,	, and the second	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
925 NORTH COURTNEY PARKWAY MERRITT ISLAND, FL 32953				925 NORTH COURTNEY PARKWAY	
			#28 MERRITT ISLAND, FL 32953		
FEI Number	: 56-2296807	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MELBOUF	ST HIBISCUS I RNE, FL 3290		purpose of changing its registere	d office or registered agent, or both,	
SIGNATI II	RE: PHILIPN	IOHDD			
SIGNATO		nic Signature of Registered Ag	ent	Date	
	ice with s. 607.1	93(2)(b), F.S., the corporation did no g Trust Fund Contribution ().		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	KODSI, MAUR POST OFFICE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KODSI, ROBE POST OFFICE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP (KODSI, MICHA) Delete EL	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT KODSI VPSD 10/15/2009