

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JAN 21 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000027951

**1. Corporation Name**

Ocean View Express, Inc.

**2. Principal Office Address**

1305 NW 22 Street

Suite, Apt. #, etc.

Upper Level

City & State

Miami FL

Zip

33183

Country

US

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

700028280547  
02/05/04--01031--022 \*\*750.00  
700028280547  
02/05/04--01031--021 \*\*150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03-2002

**5. FEI Number**

11-3669046

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Manuel Lopez

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

8533 SW 133 Place

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33183

**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

REGISTERED AGENT MUST SIGN

Date 12/29/03

**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	Manuel Lopez	8533 SW 133 Place	Miami, FL 33183

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/03

Date

205-548-3213

Daytime Phone #