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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000121902

1. Corporation Name

CLASSIC OCEAN INTERNATIONAL, INC.

2. Principal Office Address

1401 Brickell Avenue

Suite, Apt. #, etc.

Suite 1500

City & State

Miami, Florida

Zip

33131

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0137613

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED

04 APR -5 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04  
MRB

2/3/03 96088 014 X 150.00

7. Name and Address of Current Registered Agent

Name

Corporate International Registered Agents, Inc.

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

200 South Biscayne Boulevard

Suite, Apt. #, Etc.

41st Floor

City

Miami

State

FL

Zip Code

33131

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

Date

4/1/04

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
D	Hilbert, Sofia	1401 Brickell Avenue, Suite 1500	Miami, FL 33131

600032978056  
04/16/04--01069--009 \*\*150.00

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

Date

2/20/04

Daytime Phone #

(305) 539-2402

CR2ED01 (10/02)

STEEL ■  
HECTOR  
■ DAVIS  
INTERNATIONAL™

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Betsy E. Parenti  
Paralegal  
305.577.4795  
bparenti@steelhector.com

March 29, 2004

Messrs.  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ladies and Gentlemen:

**Ref. Classic Ocean International, Inc., Document No. P2000121902  
Our File No. 49598.0945**

This is to inform that the above company filed its 2003 Uniform Business Report and paid the 2003 license fee on February 2003. After the Report was filed, the company did not receive any correspondence from the Division of Corporations informing that the company would be administratively dissolved.

Further to our phone conference with a representative of the Division of Corporations, we are enclosing the Reinstatement form and the \$150 fee representing the 2004 annual license.

Should you have any questions, please contact the undersigned at (305) 577-4795.

Sincerely,



Betsy E. Parenti  
Paralegal

BP

Enclosures