

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000122497

**1. Corporation Name**

OCEANIC MEDICAL SUPPLIES, INC.

**2. Principal Office Address**

13831 SW 59 ST

Suite, Apt. #, etc.

-Suite 105-D

City & State

MIAMI

Zip

FL

Country

33183

**3. Mailing Office Address**

13831 SW 59 ST

Suite, Apt. #, etc.

Suite 105-D

City & State

MIAMI

Zip

FL

Country

33183

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

12/02/2002

**5. FEI Number**

65-1161764

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

FABIOLA CASTANEDA

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

10062 SW 156 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

**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

*Fabiola Castaneda*

Date 10/08/2003

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
PRESID	FABIOALA CASTANEDA	10062 SW 156 CT	MIAMI, FL 33196

**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:

*Fabiola Castaneda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/03

Date

786-6628258

Daytime Phone #

CR2E081 (10/02)

2/10/10

# **OCEANIC MEDICAL SUPPLIES, INC.**

13831 SW 59 ST SUITE 105-D MIAMI, FL 33183

305-3886223 PH.

305-3887892 FAX

October 8, 2003

To whom it may concern:

I am submitting the reinstatement form with my \$150.00 fee because I never received the UB-R form for 2003.

If you have any questions please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Fabiola Castaneda".

Fabiola Castaneda