2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED DOCUMENT # P03000006066 08 OCT 31 PM 4: 25 1. Entity Name **OCEANICA CORPORATION** TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 10862 BAL HARBOR DRIVE 10862 BAL HARBOR DRIVE BOCA RATON, FL 33498 BOCA RATON, FL 33498 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 80-0093815 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERMAN, THOMAS G ESQ. Street Address (P.O. Box Number is Not Acceptable) 218 ALMERIA AVENUE CORAL GABLES, FL 33134 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2009, Fee will be \$300.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Delete THTLE ☐ Change 900137522429 10/31/08--01018--003 **IS RAMIREZ, WILLIAM NAME NAMÉ 10862 BAL HARBOR DRIVE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33498 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition IIIIF NAME RAMIREZ, MERCEDES NAME STREET ADORESS 10862 BAL HARBOR DRIVE STREET ADDRESS BOCA RATON, FL 33498 CITY-ST-ZIP CITY-ST-ZIP TULE Delete ☐ Change ■ Addition RAMIREZ, LUIS NAME NAME STREET ADDRESS 10862 BAL HARBOR DRIVE STREET ADDRESS CITY - ST - 71P BOCA RATON, FL 33498 CITY-ST-7IP ☐ Delete MLE TITLE Change Addition RAMIREZ, WILLIAM JR. NAME NAME 10862 BAL HARBOR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signalure 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 in Block 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered. William RAMIREZ 10-29-08 Daytime Phone # PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT