

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 APR 25 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000090976

Corporation Name

OCEAN THREE INVESTMENTS  
UNIT 1005, INC.

1. Principal Office Address - No P.O. Box #

3. Mailing Office Address

601 Brickell Key Drive 601 Brickell Key Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 702

Suite 702

City & State

City & State

Miami, Florida

Miami, Florida

Zip Country

Zip Country

33131

US

33131

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

08.19.2003

5. FEI Number

10-7959340

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

GERARDO A. VAZQUEZ

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

601 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 702

City

Miami

State

FL

Zip Code

33131

700247244067  
04/25/13--01018--006 \*\*908.75

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 X

Date

REGISTERED AGENT MUST SIGN

**8. 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
Pres	Eduardo Gutierrez	601 Brickell Key Drive, Suite 702	Miami, FL, 33131

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/13 305 371 8064