

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 19 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500095810055
04/04/07--01045--008 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

DOCUMENT # **P04000060886**

1. Corporation Name

OCEAN TREND INSTITUTE, INC.

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

6000 KIPLING COURT

Suite, Apt. #, etc.

#104

City & State

ORLANDO - FL

Zip

32835

Country

US

3. Mailing Office Address

6000 KIPLING COURT

Suite, Apt. #, etc.

#104

City & State

ORLANDO - FL

Zip

32835

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

4-12-2004

5. FEI Number

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

ZORAYA FARINHA

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

6000 KIPLING COURT

Suite, Apt. #, Etc.

#104

City

ORLANDO - FL

State

FL

Zip Code

32835

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **(3) March 14, 2007**

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	ZORAYA FARINHA	6000 KIPLING CT. #104	ORLANDO FL 32835
V	VICTOR VASCONCELLOS	4833 CYPRESS WOOD DR #4208	ORLANDO FL 32811
T	ALENCAR S. DA SILVA	8800 LATREC AV. #303	ORLANDO FL 32819
S	FABIANA A.S. SILVA	7511 SEURAT ST. #303	ORLANDO FL 32819

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 contained in Chapter 119, 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

[Signature]

3/14/07

Date

407.230.9976

Daytime Phone #

23/23