2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000066789

Entity Name: OCEAN BLUE 101, INC.

FILED Oct 16, 2009 Secretary of State

| Littly Nai | IIIE. OCEAN | BLOC 101, INC. | | | |
|---|--|--|---|--|--|
| Current P | rincipal Plac | e of Business: | New Principal Place | New Principal Place of Business: | |
| 625 93RD SURFSIDE | STREETI EII, FL 331 | 54 | 625 93RD STREET SURFSIDE, FL 3315 | 625 93RD STREET SURFSIDE, FL 33154 | |
| Current M | lailing Addre | ess: | New Mailing Addres | New Mailing Address: | |
| 625 93RD STREETI SURFSIDEI , FL 33154 | | | | 12405 NE 6TH AVENUE NORTH MIAMI, FL 33161 | |
| FEI Number: | : 16-1698391 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| The above | STREET E, FL 33154 | US submits this statement for the | purpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUR | RE: MATIAS | COHEN | | | |
| | Electro | nic Signature of Registered A | gent | Date | |
| | | 93(2)(b), F.S., the corporation did ing Trust Fund Contribution (). | not receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PSD (COHEN, MATI 625 93RD ST SURFSIDE, F | REET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VPD (BENZAQUEN, 625 93RD ST SURFSIDE, F | REET | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic signature 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATIAS COHEN PSD 10/16/2009