

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL 15 AM 11:32
TALLAHASSEE, FLORIDA

DOCUMENT # **P04600116933**

1. Corporation Name

USA Ocean Investments, Inc

800132972158
07/15/08--01042--002 **450.00

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

11600 NE 10th Avenue

Suite, Apt. #, etc.

City & State

Biscayne Park, FL

Zip **33161**

Country

U.S.A.

3. Mailing Office Address

12081 Ashford Lane

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33325

Country

U.S.A.

REINSTATEMENT 06-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

9/01/2004

5. FEI Number
20-1445024

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

France Talow

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

12081 Ashford Lane

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33325

☒ 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

France Talow

Date

7-11-08

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	France Leon	12081 Asford LN	Davie/FL 33325
	11/1/11		

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

France Talow

Date

7/11/08

Daytime Phone #

786-223-4031