2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000126158 FILED OCEÁN COMMUNITY INVESTMENTS CORP. 05 OCT 14 PM 6: 03 SEGRETAR: - UTATE Principal Place of Business Mailing Address 780 N.W. 42ND AVE STE 600 780 N.W. 42ND AVE STE 600 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 20-1556010 City & State City & State Applied For Not Applicable Country Zip Country Zip \$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 CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD STE 1500 BB MIAMI, FL 33131 City Zip Code 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 Signature, typed or printed name of registered agent and little if 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 After January 1, 2006, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D TITLE ☐ Change X Addition TITLE Delete Concepción JOSE NAME NAME 780 NW 42 AUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami. 33126 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME 780 NW 42 AVE STREET ADDRESS STREET ADDRESS 33126 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITI F Addition NAME NAME 300060627203 10/14/05--01054--014 **150.00 STREET ADDRESS STREET ADDRESS CELY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 10/11/05 305 569 5122 SIGNATURE: SIGNATURE AND TYPE