

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV 18 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000135107**

1. Corporation Name

OCEAN HARBOR INVESTMENT, INC

W08—50706

500137666915
11/18/08--01023--005 **150.00

500137666915
11/05/08--01020--022 **758.75

REINSTATEMENT 07-08

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #
3455 W. BROWARD BLVD

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip
33312

Country
USA

3. Mailing Office Address
4843 NW 66TH AVE

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

Zip
33319

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
20-2528729

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
ALTHEA MANYOU

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

4843 NW 66TH AVE

Suite, Apt. #, Etc.

City
LAUDERHILL

State
FL

Zip Code
33319

☐ 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

REGISTERED AGENT MUST SIGN

Date

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	ALTHEA MANYOU	4843 NW 66TH AVE	FT. LAUDERDALE, FL 33319

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

Date

Daytime Phone #

954-461-0125