


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000140779		
1. Entity Name BLUE OCEAN CONSTRUCTION, INC.		

FILED

07 APR 17 PM 3:03

RECEIVED STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 16839 SARAHS PLACE, BUILDING 7, APT. 202 CLERMONT, FL 34714	Mailing Address 16839 SARAHS PLACE, BUILDING 7, APT. 202 CLERMONT, FL 34714
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2. Principal Place of Business - No P.O. Box # 15710 Autumn Glen Ave	3. Mailing Address 15710 Autumn Glen Ave
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State CLERMONT FL	City & State CLERMONT FL
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Zip 34714	Country	Zip 34714	Country LAKE
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02100000 REINSTATEMENT 28098 (1/07) 06.03

4. FEI Number 20-3659966	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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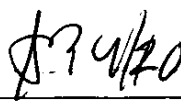
6. Name and Address of Current Registered Agent ATENCIO, HARRY 16839 SARAHS PLACE, BUILDING 7, APT. 202 CLERMONT, FL 34714	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 3/15/07
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ATENCIO, HARRY 16839 SARAHS PLACE, BUILDING 7, APT. 202 CLERMONT, FL 34714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300098047009 04/24/07--01004--016 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: 	DATE 3/15/07
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