
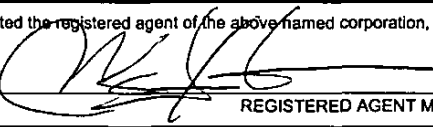



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2008 DEC -3 AM 10:09																													
DOCUMENT # P06000010612				SECRETARY OF STATE TALLAHASSEE 12703/08 000138167230 11/21/08--01023--012 **150.00																													
1. Corporation Name Ocean Fisheries Inc.				000138167230 11/21/08--01023--012 **758.75																													
2. Principal Office Address - No P.O. Box # 1301 NW 89 COURT		3. Mailing Office Address PO BOX 227993		CR2E081 (10/08)																													
Suite, Apt. #, etc. 211		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 01/24/2006																													
City & State Doral, FL		City & State MIAMI FL		5. FEI Number 20-4402902																													
Zip 33172	Country USA	Zip 33222	Country USA	Applied For Not Applicable																													
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
Name Michael O'Hanlon				<input type="checkbox"/> 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.																													
Street Address (P.O. Box Number is Not Acceptable) 1301 NW 89 COURT																																	
Suite, Apt. #, Etc. 211																																	
City Doral		State FL	Zip Code 33172																														
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 				Date 11-18-08																													
REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Pres</td><td>Michael O'Hanlon</td><td>1301 NW 89 Ct # 211</td><td>Doral, FL 33172</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres	Michael O'Hanlon	1301 NW 89 Ct # 211	Doral, FL 33172																				
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REINSTATEMENT 07-08 JHS																																	
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: 				305 477 4545																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 11-18-08																													