

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000113391	
1. Entity Name OCEAN AIR HOME IMPROVEMENT INC	



FILED

2008 AUG 13 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-14-08



REINSTATEMENT 0108

Principal Place of Business 85 RYMSHAW DR. PALM COAST, FL 32164	Mailing Address 85 RYMSHAW DR. PALM COAST, FL 32164
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2. Principal Place of Business - No P.O. Box # 22 Pitt Ln	3. Mailing Address 22 Pitt Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Palm Coast, FL	City & State Palm Coast, FL
Zip 32164	Zip 32164
Country	Country

4. FEI Number 20-5471560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ERICKSON, ROBERT 85 RYMSHAW DR. PALM COAST, FL 32164	
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7. Name and Address of New Registered Agent Name Erickson, Robert Street Address (E.O. Box Number is Not Acceptable) 22 Pitt Ln. City Palm Coast FL Zip Code 32137	
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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 X <i>Robert Erickson</i>	DATE 8/10/08
(NOTE: Registered Agent signature required when reinstating)	

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	P ERICKSON, ROBERT 85 RYMSHAW DR. PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Erickson, Robert 22 Pitt Ln. Palm Coast, FL 32164 <input checked="" 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	000134433460 08/13/08--01026--003 **\$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

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 X <i>Robert Erickson</i>	DATE 8/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	