

ATTN: TYRONE SCOTT

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAR 23 AM 8:56

DOCUMENT # P06000118143

## 1. Corporation Name

Ocean TRUST Investments,  
INC.10/08/08 01026 007 300.00  
200146720402  
03/23/09--01003--006 \*\*150.00  
CR2E081 (12/08)

## 2. Principal Office Address - No P.O. Box #

9491 evergreen PL

## 3. Mailing Office Address

9491 evergreen PL

Suite, Apt. #, etc.

# 109

Suite, Apt. #, etc.

# 109

City &amp; State

Dawie FL

City &amp; State

FL Dawie FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

SEP 13, 06

## 5. FEI Number

☒ Applied For  
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Ben Stark

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

9491 evergreen PL

Suite, Apt. #, Etc.

# 109

City

Dawie

State

FL

Zip Code

33324

☐ 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 AgentBenjamin Stark  
REGISTERED AGENT MUST SIGN

Date 3/16/09

## 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	Benjamin Stark	9491 evergreen PL #109	Dawie FL 33324

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:

Benjamin Stark  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/09 9548826815

ATTN: TYRONE SCOTT      Payer252

TO WHOM IT MAY CONCERN:

I did not receive any notices for the year 2007. I would like late fees to be waived. A check/money order in the amount of \$308.75 was cashed in 2008. I am including \$150 for 2009.