

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000050797

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** TWILIGHT OCEAN, INC.

**Current Principal Place of Business:**

2000 NW 84 AVE SUITE 221-3  
DORAL, FL 33122

**New Principal Place of Business:**

2000 NW 84 AVE SUITE 221-3  
DORAL, FL 33122 ES

**Current Mailing Address:**

2000 NW 84 AVE SUITE 221-3  
DORAL, FL 33122

**New Mailing Address:**

2000 NW 84 AVE SUITE 221-3  
DORAL, FL 33122 ES

**FEI Number:** 27-0348632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AMTRADE BUSINESS CENTER CORPORATION  
2000 NW 84 AVE SUITE 221-3  
DORAL, FL 33122 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** DANIEL GASPARUTTI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** GASPARUTTI, DANIEL A  
**Address:** 2000 NW 84 AVE SUITE 221-3  
**City-St-Zip:** DORAL, FL 33122

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DANIEL GASPARUTTI

DIR

02/21/2012

Electronic Signature of Signing Officer or Director

Date