

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000051903

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** 65860 OVERSEAS MANAGEMENT INC.

**Current Principal Place of Business:**

65860 OVERSEAS HWY  
LONG KEY, FL 33001

**New Principal Place of Business:**

**Current Mailing Address:**

65860 OVERSEAS HWY  
LONG KEY, FL 33001

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

FABRE, FRANK R.S. ESQ  
2310 COUNTRY CLUB PRADO  
CORAL GABLES, FL 33134      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: FRANK R. S. FABRE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KRIETE, FLORENCE  
Address: 65860 OVERSEAS HWY  
City-St-Zip: LONG KEY, FL 33001

Title: EVPT  
Name: ARGUELLES, JORGE  
Address: 65860 OVERSEAS HWY  
City-St-Zip: LONG KEY, FL 33001

Title: D  
Name: ARGUELLES, JORGE  
Address: 65860 OVERSEAS HWY  
City-St-Zip: LONG KEY, FL 33001

Title: S  
Name: FABRE, FRANK RS  
Address: 65860 OVERSEAS HWY  
City-St-Zip: LONG KEY, FL 33001

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: JORGE A. ARGUELLES

EVPT

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date