

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 OCT 29 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P09000089189**

1. Corporation Name

Ocean Models & Talent Agency, Inc.

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

837 Lincoln Road

Suite, Apt. #, etc.

3. Mailing Office Address

837 Lincoln Road

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

FL

Country

33139

Zip

FL

Country

33139

800187237858  
10/29/10--01043--002 \*\*750.00

**REINSTATEMENT ID**  
CR2B081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/2009

5. FEI Number  
27-1321488

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Gregory Ferrara

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

Suite, Apt. #, Etc.

837 Lincoln Road

City

Miami

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date 10/20/10

**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/S/T/D	Gregory Ferrara	837 Lincoln Road	Miami, FL 33139

10. E-mail Address: ~~gregory.ferrara@gmail.com~~

gregory@TheOceanModels.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-351-2100

11/1/10