

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 FEB 14 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P11000043849

1. Corporation Name

**OCEANIA 2024 CORP.**

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

1500 San Remo Ave.

Suite, Apt. #, etc.

Suite 125

City & State

Coral Gables, FL

Zip

33146

Country

USA

3. Mailing Office Address

1500 San Remo Ave.

Suite, Apt. #, etc.

Suite 125

City & State

Coral Gables, FL

Zip

33146

Country

USA

REINSTATEMENT 12-13

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

X

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

Atrium Registered Agents, Inc.

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

1500 San Remo Avenue

Suite, Apt. #, etc.

Suite 125

City

Coral Gables

State

FL

Zip Code

33146

800244742338  
02/14/13--01023--001 \*\*\*900.00

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 2/12/2013

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---------------------------------------------------|------------------------|
| PD     | Vivien Amrhein                       | 1500 San Remo Ave. Ste 125                        | Coral Gables, FL 33146 |
| VD     | Kathrein Amrhein                     | 1500 San Remo Ave. Ste 125                        | Coral Gables, FL 33146 |
| TD     | Francisco Castro                     | 1500 San Remo Ave. Ste 125                        | Coral Gables, FL 33146 |
| SD     | Michelle Duenas                      | 1500 San Remo Ave. Ste 125                        | Coral Gables, FL 33146 |
|        |                                      |                                                   |                        |
|        |                                      |                                                   |                        |

10. E-mail Address: oye@pnrlaw.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

*[Handwritten Signature]*

Kathrein Amrhein

2/12/2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #