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APPLICATION FOR REINSTATEMENT POCUMENT # P93000008224 1. Corporation Name OCEAN MARINE, INC. Principal Place of Business Mailing Address 1134 53RD COURT N. WEST PALM BEACH FL 33407 US If above addresses are innorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 2. New Principal Office Address, if Applicable City & State 14362 CYPRESS ISLAND CT PALM BCH GARDENS FL 33-11/100 - 91/14/19 - 90/12/14/19 - 90/14/19 - 90/12/14/19 - 90/14/	
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	
CLOSTEN, STANLEY H Street Address (P.O. Box Number is Not Acceptable)	CR2E040 (8/00)
1134 53RD COURT N WEST PALM BEACH FL 33407 3300 PEA Blvd. Suite, Apt. #, Etc. Surre 410	2
Palm Bch Gardens FL 33410	8
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date	
REGISTERED AGENT MUST SIGN	
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 fill 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 few owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicent 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	g s