PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR -9 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/09/03--01067--025 **1050.00

DOCUMENT # P93000008224

1. Corporation Name
OCEAN MARINE, INC.

2. Principal Office Address	3. Mailing Office Address
931 CHURCHILL ST	931 CHURCHILL ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33405 Country: USA	Zip: 33405 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/2/93

5. FEI Number: 65-0388417 ☐ 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: JEFFREY M CLOSTER
Street Address (P.O. Box Number is Not Acceptable): 651 OKEECHOBEE BLVD
Suite, Apt. #, Etc.: APT # 604
City: WEST PALM BEACH
State: FL Zip Code: 33401

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: [signature] REGISTERED AGENT MUST SIGN Date: 3/31/03

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
PRES	JEFFREY M. CLOSTER	651 Okeechobee BLVD APT#604	WEST PALM BEACH, FL 33401

CR2E081 (10/02)

10. 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 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/31/03

Daytime Phone #: (561) 312-9009