PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -6 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #P93000025015

Trans Ocean Enterprises, Inc.
c/o Richard A. Jacobson
3750 Gunn Highway, Suite 1B
Tampa, Florida 33624

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: c/o Konstantin Atanasov
1521 Alton Road, #117
City and State: Miami Beach, Florida Zip Code: 33139

3. If Principle Office Address is different from mailing address, enter address below:

Address: SAME AS ABOVE
City and State: Zip Code:

4. Date Incorporated or Qualified To Do Business In Florida	5. FEI Number			6.
		X	FEI Number Applied For	
			FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Konstantin Atanasov	1521 Alton Road, #117	Miami Beach, Florida 33139

REINSTATEMENT 95-96
400002001254--4
-11/12/96--01001--014
*****75.00 *****75.00
400002001254--4
-11/12/96--01001--015
*****8.75 *****8.75
11-6-96

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Konstantin Atanasov
8452 Ridgebrook IR.
Odessa, Florida 33556

9. If changed, new registered agent / office

Name: Konstantin Atanasov
Street Address (Do NOT Use P.O. Box Number): 1521 Alton Road, #117
Street Address (Do NOT Use P.O. Box Number):
City: Miami Beach, State: FL Zip: 33139

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: 10.31.96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director: _____ Date: 10.31.96 Daytime Phone #: _____

Typed or printed name of signing officer or director: _____