PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 JUL 18 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060208 (4)

1. Corporation Name

1040 Ocean, Inc.

Principal Place of Business	Mailing Address
c/o Hodgson Russ Andrews Woods & Goodyear 2000 Glades Rd Suite 400 Boca Raton, FL 33431	c/o Hodgson Russ Andrews Woods & Goodyear 2000 Glades Rd Suite 400 Boca Raton, FL 33431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-97

2. New Principal Office Address, If Applicable
1715 S. Ocean Blvd.
Suite, Apt. #, etc.
City & State: Delray Beach, FL
Zip: 33483 Country: Palm Beach

3. New Mailing Office Address, If Applicable
1715 S. Ocean Blvd.
Suite, Apt. #, etc.
City & State: Delray Beach, FL
Zip: 33483 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida
08/27/1993

5. FEI Number
65-0433550
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **$8.75 Additional Fee required for a Certificate of Status**

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
DPST	Diamond, Gerald L.	~~2499 W. Glades Rd.~~ 1715 S. Ocean Blvd.	~~Boca Raton, FL 33431~~ Delray Beach, FL 33483

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-07/22797--01124--004
***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

HKAWG Corp
2000 Glades Rd
Suite 400
Boca Raton, FL 33431

9. Name and Address of New Registered Agent

Name: Joseph C. Diamond
Street Address (P.O. Box Number is Not Acceptable): 1715 S. Ocean Blvd.
Suite, Apt. #, Etc.
City: Delray Beach State: FL Zip Code: 33483

CR2E040 (12/96)

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 _____ REGISTERED AGENT MUST SIGN Date 7/9/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: _____ 7/9/97 561-279-0082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gerald L. Diamond

Date Daytime Phone #