

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 26 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000060433

1. Corporation Name

INTERNATIONAL OCEANIC, INC.

2. Principal Office Address
17506 SW 29 CT
Pembroke Pine

3. Mailing Office Address
17506 SW 29

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINE

City & State
PEMBROKE PINE

Zip
33029

Country
FL

Zip
33029

Country
FL

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/17/1994

5. FEI Number
65-0512837

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ☒

7. Name and Address of Current Registered Agent

Name

PINEDA, JOSE F.

000003119060-6

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

17506 SW 29 CT

02/01/00-01107-003

****150.00 ****150.00

Suite, Apt. #, Etc.

City

PEMBROKE PINE

State
FL

Zip Code
33029

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

Date

REGISTERED AGENT MUST SIGN

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
DP	PINEDA, JOSE F.	17506SW 29 CT	Pembroke Pine FL 33029
ST	MEDINA, ELIZABETH	17506SW 29 CT	Pembroke Pine FL 33029
			000003119060-6
			02/01/00-01107-003
			****158.75 ****158.75
			99-26 TS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-23-00

4427334