PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE . APPLICATION Sandra B. Mortham FIT FD FOR · Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 JAN 21 AM 8: 12 P95000019573 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name OCEAN TELECOMMUNICATIONS, INC. Mailing Address Principal Place of Business 1679 SEMINOLE ROAD 1679 SEMINOLE ROAD ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 EINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 03/09/1995 5. FEI Number Applied For City & State City & State \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip **PSD** CAREY, STEVEN E 1679 SEMINOLE ROAD ATLANTIC BEACH FL 32233 CRIVARO, ROGER P VD 73 GARDEN COURT ATLANTIC BEACH FL 32233 TD CALLAWAY, RICHARD B 183 STURDIVANT AVE. ATLANTIC BEACH FL 32233 900002067579--0 -01/24/97--01041--019 ****375,00 ********375,00 9. Name and Address of New Registered A B. Name and Address of Current Registered Agent Nami DUFRESNE, DONALD M ESQ. Street Address (P.O. Box Number is Not Acceptable) 8777 SAN JOSE BOULEVARD, SUITE 302 JACKSONVILLE FL 32217 Suite, Apt. #, Etc. City State Zip Code 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 AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 🛚 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/OR DIRECTOR

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