

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda S. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000021918**

1. Corporation Name

OCEAN & OCEAN CORP.

Principal Place of Business

Mailing Address

16050 COLLINS AVE.
MIAMI BEACH FL 33160
US

6854 W FLAGLER ST
MIAMI FL 33144

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1995

5. FEI Number

65-0566133

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ASRANI, ISMAIL	16050 COLLINS AVE.	MIAMI BEACH FL 33160
S	ASRANI, ZARINA	16050 COLLINS AVE.	MIAMI BEACH FL 33160

700025173197
12/03/03--01005--010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ASRANI, ISMAIL
16050 COLLINS AVE.
MIAMI BEACH FL 33160

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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

12-1-03

Date

(305) 947-2380

Daytime Phone #

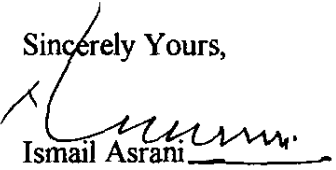
CR2E040 (7/03)

December 1, 2003

To Whom It May Concern:

Please I am writing to you to see if you could abate the penalty for my corporation due
To the fact that I had been very sick in the hospital since the beginning of this year and
Really forgot all about the corporation because the only thing in my mind was to get
Better and I was in a rehab on or about September now when I received this red form that
Is when I remember the fees please enclosed find the check In the amount of \$150.00
Dollars to cover this years fees in the hope that you will accept it if not let me know.

Sincerely Yours,


Ismail Asrani
President of
Ocean & Ocean Corp.