PLEASE, READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLIOATION FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Sandra B. Mortham Secretary of State REINSTATEMEN DIVISION OF CORPORATIONS 96 SEP 25 AM 10: 12 DOCUMENT # P950000 29544 1. Corporation Name OCEAN HARBOR SALES INTERNATIONAL INC. Principal Place of Business Mailing Address 99 STH. FEDERAL HIGHWAY POMPAND BEACH FL. 33062 4. Date Incorporated or Qualified
To Do Business in Florida APRIL 14<sup>TH</sup> 1995 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 Malling Address, If Applicable Suite, Apt. #, etc Suite, Apt. #, etc. 5. FEI Number Applied For EIN 65-0577953 City & State City & State CERTIFICATE OF STATUS DESIRED S8.75 Additional Fed required for a Certificate of Status Country 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) City / State / Zip LAVOERDALE BY THE SEA STEPHEN RYAN 4325 TRADEWINDS AVE WEST, FL. 33308 FORT LAUDPROALE 625 INTRACOASTAL DRIVE, VINCENT DI RUSSO FL 33304 800001975348---4 \*\*\*\*208.75 \*\*\*\*208.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent STEPHEN RYAN. Street Address (P.O. Box Number is Not Acceptable) 4325 TRACEWINDS AVENUEST Suite, Apt. #, Etc. LAUDERDALE BY NID SEYA City FL 33308 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 REGISTERED AGEN MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032. Elerida Statutes (See other side for information Yes 12. I do hereby cartify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) is the event that the information supplied is deemed exempt from public access. 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 religible the requirement 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 oved by the corporation have their paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under outh. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR