

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION FOR REINSTATEMENT**

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

**FILED**

00 JAN 10 PM 1:13

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 9960000218/4

1. Corporation Name  
Ocean Air Inc

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable <u>22605 La Palma</u> Suite/Apt. #, etc. <u>511</u>		3. New Mailing Office Address, If Applicable <u>22605 La Palma</u> Suite/Apt. #, etc. <u>511</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>3.7.96</u>	
City & State <u>Yorba Linda CA</u>		City & State <u>Yorba Linda CA</u>		5. FEI Number <u>65-0647277</u>	
Zip <u>92887</u> Country <u>U.S.A</u>		Zip <u>92887</u> Country <u>U.S.A</u>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Secretary	<u>Sarah Jane Rosselet</u>	<u>521 N.E 108 St.</u>	<u>Miami FL 33161</u> <u>10003099991--5</u> <u>-01/15/00--01001--021</u> <u>***1058.75 ***1058.75</u>
President	<u>Joseph Mark Rosselet</u>	<u>22605 La Palma Ave, #511</u>	<u>Yorba Linda, CA 92887</u>

**REINSTATEMENT 98-00 TS**

8. Name and Address of Current Registered Agent <u>Joseph Mark Rosselet</u> <u>22605 La Palma Ste 511</u> <u>Yorba Linda CA 92887</u>		9. Name and Address of New Registered Agent Name <u>Sarah Jane Rosselet</u> Street Address (P.O. Box Number is Not Acceptable) <u>521 N.E 108 St</u> Suite, Apt. #, Etc. City <u>Miami</u> State <u>FL</u> Zip Code <u>33161</u>	
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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: Sarah Jane Rosselet Date 11/29/99  
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: [Signature] Date 11/29/99 Daytime Phone # 714 694-0694  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (12/98)