) DI EACE DEAD	ALL INICTIONS	DEFODE COMPLETING THIS FORM
APPLICATION FOR	FLORIDA DEPARTMENT Sandra B. Mor	tham
REINSTATEMENT	DIVISION OF CONFES	I Arm FI Name I To
DOCUMENT # P 960000 47201 1. Corporation Name		98 AUG 18 PM 3: 55
OCEAN CASH AND CARRY, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2600 MIAM: FL 33129 If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT 97-98
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If	
Suite, Apt. #, elc.	Suite, Apt. #, etc.	5. FEI Number Applied For
City & State	City & State	6. S8.75 Additional Fee required
Zip Country	Zip Country	CERTIFICATE OF STATUS DESIRED L. 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 and/or Directors Street Address of Each Officer and/or Director Officer and/or Director City / State / Zip Officer Box Numbers)		
9 JAIME BLANCO 2600 SW SMAVE MIAM, FL 33/29		
D ANA BLANCO		EN 3ª AND PHB MIAM, FL 93129
Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		
ARSENIO A MARTINEZ. Name NELSON R. REYMERI		
4199 Sw 136 h fr. Street Address (P.O. Box Number is Not Acceptable)		
: Miani Fe 33175 Suite, Apt. #, Etc. PH-B		
10. I, being appointed the registered agent of the aken	ve named corporation am familiar wi	h and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Date 7/27/93 REGISTERED AGENT MUST SIGN		
11. This corporation owes or has paid 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 frustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 Date Daylime Phone #		

Daytime Phone #