

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P96000062094**

1. Corporation Name

OCEAN CUSTOM SERVICES INC

2. Principal Office Address

2860 NE 14 ST

3. Mailing Office Address

2860 NE 14 ST

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33062

Country

BROWARD

Zip

33062

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/1996

5. FEI Number

65-0693863

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHANNON JOYCE

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

2860 NE 14 ST

Suite, Apt. #, Etc.

104

City

Pompano Beach F

State
FL

Zip Code
33062

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

S/j

REGISTERED AGENT MUST SIGN

Date

7/8/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	SHANNON D. JOYCE	2860 NE 14 ST #104	Pompano Beach FL 33062

10. 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:

S/j SHANNON JOYCE

Date

7/8/02

Daytime Phone #

**954
931-5224**

FILED
02 JUL 12 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (8/01)

OCEAN CUSTOM SERVICES

2860 NE 14th Street #104

Pompano Beach

FL 33062

To

Florida Department of State

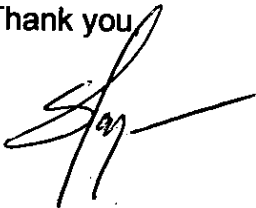
Corporation Reinstatement

Dear Sirs,

About 18 months ago our local postmaster changed our mailing address which had been very confusing for our suppliers and others.

Please make a note of the above new address for Ocean custom Services and also please waive the late fee for reinstatement of our corporation status once this was a total accident and lost of correspondence due postmaster operations.

Thank you

A handwritten signature in black ink, appearing to be 'Shannon', with a long horizontal stroke extending to the right.

Shannon Joyce
President