

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Munnich  
 Secretary of State  
 DIVISION OF CORPORATIONS

98-99A.R

FILED

99 MAY 24 AM 8:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 977050088128

1. Corporation Name OCEAN FIVE INC.

7850 NW 72 AVE MEDLEY FL 33166

Principal Place of Business

Mailing Address

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

REINSTATEMENT 98-99W

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>10-13-97</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0790913</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<u>PRESIDENT</u>	<u>EDUARDO R. HERNANDEZ</u>	<u>2479 SW 102 CT</u>	<u>MIAMI FL 33166</u>
<u>SECRETARY</u>	<u>BRAULIO LUIS GUEVARA</u>	<u>11522 SW 7 ST</u>	<u>MIAMI FL 33174</u>
<u>TREASURER</u>			

500002896545 - 2  
 -06/07/99 -01108-014  
 \*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<u>JOSE SOMOYANO</u> <u>15460 SW 50 TER.</u>		Name <u>EDUARDO R. HERNANDEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>2479 SW 102 CT</u> Suite, Apt. #, Etc. <u>MIAMI FL 33165</u> City <u>MIAMI FL</u> State <u>FL</u> Zip Code <u>33165</u>	

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 E.R. Hernandez REGISTERED AGENT MUST SIGN Date 1/11/99

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 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: E.R. Hernandez EDUARDO R. HERNANDEZ 1/11/99 305 884 0067  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)

6/11/99