


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P97000106914**

1. Corporation Name
THM OCEAN, INC.

FILED
00 NOV 16 PM 1:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 20035 PALM ISLAND DRIVE BOCA RATON FL 33498	Mailing Address 20035 PALM ISLAND DRIVE BOCA RATON FL 33498
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REINSTATEMENT *OO*

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 Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/19/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0800260	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	KORNITZER, TOM	20035 PALM ISLAND DRIVE	BOCA RATON FL 33498
VS	MCMANOS, MICHAEL P	20035 PALM ISLAND DR	BOCA RATON FL 33498
			300003491169--4 -12/07/00--01079--022 ****758.75 ****758.75
			<i>rsf</i>

8. Name and Address of Current Registered Agent TUDZAROV & GREENBERG, P.A. 345 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311		9. Name and Address of New Registered Agent Name <i>Steven Friedman</i> Street Address (P.O. Box Number is Not Acceptable) LAW OFFICES OF STEVEN FRIEDMAN 235 NORTH UNIVERSITY DRIVE PEMBROKE PINES, FLORIDA 33024 City FL Code	
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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 *[Signature]* Date **11/9/00**
 REGISTERED AGENT MUST SIGN

11. 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]* *Per Thomas Kornitzer Per* Date **10/17/00** Daytime Phone # **561-482-2324**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/00)