

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.

Principal Place of Business

Mailing Address

20035 PALM ISLAND DRIVE
BOCA RATON FL 33498

20035 PALM ISLAND DRIVE
BOCA RATON FL 33498

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1997

5. FEI Number

65-0800260

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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	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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TUDZAROV & GREENBERG, P.A.
345 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311

Name

Steven Friedman

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

Suite, Apt. #, etc.

LAW OFFICES OF STEVEN FRIEDMAN
235 NORTH UNIVERSITY DRIVE

City

PEMBROKE PINES, FLORIDA 33024

FL

Code

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

REGISTERED AGENT MUST SIGN

Date

11/9/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Per Thomas Kornitzer Per 10/17/00 561-482-2324