PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P98000006171

1. Corporation Name

OCEAN CAPITAL MANAGEMENT GROUP, INC.

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
400 N. TAMPA ST.	400 N. TAMPA ST.
Suite, Apt. #, etc. SUITE 2100	Suite, Apt. #, etc. SUITE 2100
City & State TAMPA FL.	City & State TAMPA FL.

| Zip 33602 | Country U.S. | Zip 33602 | Country U.S. |

4. Date Incorporated or Qualified To Do Business in Florida January 21, 1998

5. FEI Number 59-3505364   ☐ 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
CURT D. BARNES

Street Address (P.O. Box Number is Not Acceptable)
3425 Cypress Landing Dr.

Suite, Apt. #, Etc.

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-02/07/01--01021--016
***1058.75 ***1058.75

| City VALRICO | State FL | Zip Code 33594 |

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 _____   Date 1-15-2001
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P	CURT D. BARNES	3425 CYPRESS LANDING DR.	VALRICO FL. 33594
T	CHERYL BARNES	3425 CYPRESS LANDING DR.	VALRICO FL. 33594

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: _____ Cheryl L. Barnes 12/11/00 813-629-7256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #