FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000083449

1. Corporation Name

GOLD OCEAN INVEST CORP.

REINSTATEMENT 06-09

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6550 N. FEDERAL HWY.	3665 BONITA BEACH ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE. 340	STE. 1-3
City & State	City & State
FORT LAUDERDALE, FL	BONITA SPRINGS, FL
Zip / Country	Zip / Country
33308 / USA	34134 / USA

4. Date Incorporated or Qualified To Do Business in Florida 09/25/1998

5. FEI Number 65-0864319 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Added on all Forms Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ALLURE ACCOUNTING, LLC

Street Address (P.O. Box Number is Not Acceptable): 3665 BONITA BEACH ROAD

Suite, Apt. #, Etc.: STE. 1-3

City: BONITA SPRINGS | State: FL | Zip Code: 34134

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you *are certifying the prior notices were not* received and requesting the reinstatement fee be waived.

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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 H. Lotte Date 11-20-09

REGISTERED AGENT MUST SIGN

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/D	WERNER LORENZ	FASANENSTR. 7	HEIDENHEIM, 89522 GERMANY
VP/D	ANTONIE LORENZ	FASANENSTR. 7	HEIDENHEIM, 89522, GERMANY
VP/D	KARIN LORENZ	FASANENSTR. 7	HEIDENHEIM, 89522, GERMANY
T/D	MARKUS LORENZ	FASANENSTR. 7	HEIDENHEIM, 89522, GERMANY
S/D	MATTHIAS LORENZ	FASANENSTR. 7	HEIDENHEIM, 89522, GERMANY

10. E-mail Address: HBUSBY@ALLUREACCOUNTING.COM
(To be used for future annual report notification)

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. I further certify, 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: W. Lorenz WERNER LORENZ 11/17/09 239-992-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/25 aw