

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
**CORPORATION
REINSTATEMENT**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -4 PM 10: 30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000095789

1. Corporation Name

South Ocean, Inc.

2. Principal Office Address

220 Sunrise Ave.

Suite, Apt. #, etc.

#209

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida

11/12/98

5. FEI Number

65-1054328

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

Randee S. Schatz

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

220 Sunrise Ave.

Suite, Apt. #, Etc.

#209

City

Palm Beach

State

FL

Zip

33480

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:

Randee S. Schatz

Date 11/09/2000

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	Axel Ulrich	2275 S. Ocean Blvd., #102A	Palm Beach, FL 33480

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/09/2000

Date

Daytime Phone #