


**2004 FOR PROFIT CORPORATION REINSTATEMENT**

Robert MAY 27 2005

10F2

DOCUMENT # P98000096892			
1. Entity Name OCEAN GROWN FARMS INC.			
Principal Place of Business 17440 TAYLOR RD. ALVA, FL 33920		Mailing Address 17440 TAYLOR RD. ALVA, FL 33920	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent OESTREICH, ROBIN 17440 TAYLOR RD. ALVA, FL 33920		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Robin Oestreich</i>		DATE	
Signature, typed or printed name of registered agent, and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OESTREICH, ROBIN	NAME	000042828360
STREET ADDRESS	17440 TAYLOR RD.	STREET ADDRESS	11/17/04--01028--002 **150.00
CITY-ST-ZIP	ALVA, FL 33920	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	000042828360
STREET ADDRESS		STREET ADDRESS	06/01/05--01056--002 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>Robin Oestreich</i>		Date: 11/14/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Robin Oestreich	
		239-694-6314 239-410-8015	

REINSTATEMENT 04-25



11012004 REIN-P CR2E098 (6/04)

4. FEI Number 65-0879239 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FILED  
05 MAY 23 PM 1:09  
TALLAHASSEE, FLORIDA

2052


11/14/04

To Whom It May Concern,

*FOR 2003*

I didn't receive notice to file. Please waive the reinstatement fee.  
Please accept the enclosed check for \$150.00.

Thank you,

  
Robin Oestreich  
Ocean Grown Farms  
17440 Taylor Rd.  
Alva Fl 33920