

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -2 PM 2:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000064532

1. Corporation Name

OCEAN INSURANCE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

7827 NORTH DALE MABRY HIGHWAY
SUITE 109
TAMPA FL 33614

7827 NORTH DALE MABRY HIGHWAY
SUITE 109
TAMPA FL 33614

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4409 W. EL PRADO BLVD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4409 W. EL PRADO BLVD

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33629

Country

U.S.A.

Zip

33629

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1999

5. FEI Number

59-3587826

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ROWLAND, BARRY A	7827 NORTH DALE MABRY HIGHWAY	TAMPA FL 33614
			400004718624--8
			-12/11/01--01051--021
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip 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. 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 #

BARRY A. ROWLAND

10/18/01

813 532 4776

GERALD L. BIRCH, CPA, PA
CERTIFIED PUBLIC ACCOUNTANT & CONSULTANT

6706 N RIVER BLVD
TAMPA, FLORIDA 33604

October 29, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Ocean Insurance Management, Inc.
FEI Number 59-3587826
Document # P99000064532
Application for reinstatement

Dear Revenue Officer,

The above referenced taxpayer is in receipt of the Florida Department of State, Application for Reinstatement, for the year 2001. The business was established in 1999 and the taxpayer was unaware of the annual filing requirement of the Corporate Annual Report. The taxpayer moved offices early in the year 2001 and did not receive the first of second notice for filing of the Annual Corporate Report.

The taxpayer would certainly have complied with the required filing had they been aware of it and does not want the Corporation to be dissolved. The taxpayer will ensure that all future filings will be submitted on a timely basis. Enclosed is the fee for filing prior to May 1, 2001 and we respectfully request an abatement of the additional fees.

Thank you for your attention and understanding in this matter.

Sincerely,



Gerald L. Birch, CPA

