

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP -8 PM 3:09

DOCUMENT # *P 990000 71020*

1. Corporation Name

Ocean Builders INC.

100160406841

09/08/09--01067--006 **1050.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

4430 Bayshore Terr.

Suite, Apt. #, etc.

3. Mailing Office Address

4430 Bayshore Terr.

Suite, Apt. #, etc.

City & State

Stuart FL.

City & State

Stuart FL.

Zip

34997 USA

Country

Zip

34997 USA

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/99

5. FEI Number

65 0946 710

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

John M. Terrell

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

4430 Bayshore Terr.

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

☐ 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.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

8/31/09

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
Pres.	<i>John M. Terrell</i>	<i>4430 Bayshore Terr. Stuart, FL 34997</i>	<i>Stuart, FL 34997</i>

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 contained in Chapter 119, 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

[Signature] *John M. Terrell*

8/31/09

Date

Daytime Phone #

561 7181224