


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10012

**CORPORATION REINSTATEMENT**  
*2001 UBR*

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

**FILED**  
01 NOV 28 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** *P99000078027*

**1. Corporation Name**  
**OCEAN MORTGAGE of South Florida Inc.**

**700004716637--9**  
-12/10/01--01084--012  
\*\*\*\*150.00 \*\*\*\*150.00  
*2001 UBR*

<b>2. Principal Office Address</b> <i>2014 SE PORT ST LUCIE BLVD</i> Suite, Apt. #, etc. <i>C</i> City & State <i>Port St Lucie FL</i> Zip <i>34952</i> Country <i>USA</i>		<b>3. Mailing Office Address</b> <i>SAME</i> Suite, Apt. #, etc. City & State Zip Country	
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**4. Date Incorporated or Qualified To Do Business in Florida** *9/1/99*

**5. FEI Number** *650944666* 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 *THOMAS KOCUM*

Street Address (P.O. Box Number Is Not Acceptable) *2014 SE PORT ST LUCIE*

Suite, Apt. #, Etc.

City *PORT ST LUCIE FL* State *FL* Zip Code *34952*

**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 *Thomas Kocum* Date *11/27/2001*

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
<i>Pres</i>	<i>THOMAS KOCUM</i>	<i>2014 SE PORT ST LUCIE BLVD.</i>	<i>PORT ST LUCIE FL 34952</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 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:** *Thomas Kocum* Date *11/27/2001*

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

CR2ED01 (9/00)

2012

**OCEAN MORTGAGE of South Florida, Inc.**

2014 SE PORT ST LUCIE BLVD

PORT ST LUCIE, FL. 34952

OFFICE (561) 398-2444

FAX (561) 398-8444

EMAIL [oceanmtg@bellsouth.net](mailto:oceanmtg@bellsouth.net)

November 27, 2001

To Whom it May Concern,

Please waive the \$600 reinstatement fee because I never received any of the mailings. My address has been changed over a year ago and the PO Box is no longer active.

Sincerely,

  
Thomas Kocum