

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -6 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P990000834533

1. Corporation Name

OVERSEAS COMMERCE CORP

2. Principal Office Address

15651 SW 143 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33177

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1138929

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900020552509
06/06/03--01004--007 **300.00

7. Name and Address of Current Registered Agent

Name

TOMAS RAMIREZ

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

15651 SW 143 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

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

REGISTERED AGENT MUST SIGN

Date

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
D	TOMAS RAMIREZ	15651 SW 143 AVE	MIAMI, FL.33177
D	GLADYS RAMIREZ	15651 SW 143 AVE	MIAMI, FL.33177

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

Date

Daytime Phone #

CR2E081 (10/02)

gic/6

May 07, 2003.

Florida Department of State
Division of Corporations

Re.: Overseas Commerce Corp.
15651 S.W. 143rd Ave.
Miami, FL 33177

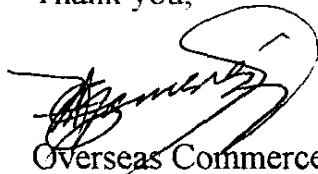
Document # P 990000834533

Dear one concerned,

We are writing you as per our recent phone conversation when we explained that we had not received your annual report form because the mail carrier failed it forward it to our present address.

We appreciate your co-operation in this matter and are including the corresponding check attached.

Thank you,

A handwritten signature in black ink, appearing to be "Overseas Commerce Corp.", written over a circular stamp or seal.

Overseas Commerce Corp.