1/2

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV -6 PM 5:11

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

DOCUMENT # P990000834533

1. Corporation Name
OVERSEAS COMMERCE CORP

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
15651 SW 143 AVE	
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: 9-13-1999

5. FEI Number: 65-1138929 ☐ 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: TOMAS RAMIREZ

Street Address (P.O. Box Number is Not Acceptable): 15651 SW 143 AVE

300020681858
06/09/03--01054--024 **300.00

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: _____ Date: May 7, 03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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: _____ TOMAS RAMIREZ, PRES. May 7, 03 786-242-3373

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

Per Pat Bailey

11/03/03 DEPOSITS/PAYMENTS DETAIL SCREEN 3:47 PM

DEPOSIT NUMBER	: 06/09/03 01054 024	DEPOSIT TYPE	: COR
ACCOUNT NUMBER	:	DEPOSIT AMOUNT	: 300.00
USER ID	: DBRUCE	DEPOSIT BALANCE	: 0.00
DEBIT MEMO DATE	:	VOID DATE	:
TRACKING NUMBER	: 800020681898	DOCUMENT NUMBER	: P99000083453
REQUESTOR	:	LEDGER DATE	: 06/09/03
SUB ACCT NUMBER	:		

CATEGORY	DESCRIPTION	AMOUNT
AR	ANNUAL REPORT	201.25
ARARTS	ANNUAL REPORTS - ARTS	10.00
ARSUPP	ANNUAL REPORT - SUPPLEMENTAL	88.75

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR:

Andy; Please reactivate
This mm sent his replacement in
on 6/9/3. #300.00. But it was
entered in the fiscal field
under the wrong doc. #. See
copy of cancelled check. Pat
2002-2003