

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 SEP -7 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P.99000095638

1. Corporation Name

INTRA-OCEAN INVESTMENT GROUP, INC.

2. Principal Office Address

9220 SW 18th terrace
Miami, FL 33165

Suite, Apt. #, etc.

City & State Miami, Fla

Zip
33165

Country
USA

3. Mailing Office Address

9220 SW 18th Terrace

Suite, Apt. #, etc.

City & State Miami, Fla.

Zip
33165

Country
USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-29-1999

5. FEI Number

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 400004596844-9

Name

Felicio J. Abreu

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

9220 SW 18th Terrace

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33165

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 09-04-01

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
PD	Abreu Felicio J.	9021 SW 18th Terrace Miami, FL 33165	Miami, FL 33165

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 #

CRZE081 (9/00)