

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 18 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # D99000095638

1. Corporation Name

Intra-Ocean Investment Group, Inc.

2. Principal Office Address

9450 SW 25 Drive
Suite, Apt. #, etc.

City & State

Miami FL

Zip

33165

Country

USA

3. Mailing Office Address

9450 SW 25 Drive
Suite, Apt. #, etc.

City & State

Miami FL

Zip

33165

Country

USA

REINSTATEMENT 04-06-07

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

10/29/99

5. FEI Number

364495922

☒ 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

Laureano Abreu

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

9450 SW 25 Drive

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

100078991061

08/22/06--01024--010 **1058 75

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

Laureano L. Abreu

Date 08-15-06

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	Laureano L. Abreu	9450 SW 25 Drive	Miami FL 33165
VPD	Gloria E. Abreu	9450 SW 25 Drive	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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/15/06 7842868494

Date Daytime Phone #

B. Mitchell AUG 18 2006