

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

02 JUN -3 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103836

**1. Corporation Name**

Ocean TV, Inc.

**2. Principal Office Address**

560 Village Blvd

Suite, Apt. #, etc.

Ste 250

City & State

West Palm Beach FL

Zip

33409

Country

USA

**3. Mailing Office Address**

560 Village Blvd

Suite, Apt. #, etc.

250

City & State

West Palm Beach FL

Zip

33409

Country

**REINSTATEMENT** 00-02

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

12/1/99

**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**

Name

Tom Mohler

900.00 - Adm

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

560 Village Blvd

61.25 - AR

Suite, Apt. #, Etc.

250

88.75 - ARS PP

City

West Palm Beach

State  
FL

Zip

33409

**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

5-31-02

**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	Tom Mohler	525 S. Flagler PF3	West Palm Beach FL 33409
D	Ciaran Swords	4601 NW 27th Ave	Boca Raton FL 33431
D	Charles Mohler	374 Palmetto St.	West Palm Beach FL 33405
D	Howard Rosenblum	286 Knottywood Lane	Wellington FL 33414
			000005766240--5
			-06/13/02--01080--009
			***1050.00 ***1050.00

**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

Ciaran Swords

Date

5/31/02

Daytime Phone #

561-6845657