

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 21 PM 3:26
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000105759

1. Corporation Name

FIRST OCEAN MARKETING, INC.

2. Principal Office Address

3300 University Drive

Suite, Apt. #, etc.

Suite 806

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

3300 University Drive

Suite, Apt. #, etc.

Suite 806

City & State

Coral Springs, FL

Zip

33065

Country

USA

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

12/07/1999

5. FEI Number

91-7752395

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

Dendrick Taylor

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

c/o Edward P. Phillips, P.A., Univeristy Drive

Suite, Apt. #, Etc.

Suite 806

City

Coral Springs

State
FL

Zip Code
33065

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 9/19/05

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 |
|--------|--------------------------------------|---|-------------------------|
| P/D | Dendrick Taylor | 3300 University Drive, Suite 806 | Coral Springs, FL 33065 |
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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

9/19/05

Date

954-346-0007

Daytime Phone #

CR2E001 (01/05)