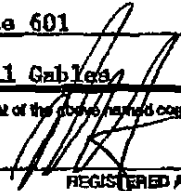


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S23897					
1. Corporation Name OCEANIA SERVICE CORP.					
2. Principal Office Address 16445 Collins Avenue Suite, Apt. #, etc.			3. Mailing Office Address 16400 Collins Avenue Suite, Apt. #, etc.		
City & State Miami Beach, FL			City & State Miami Beach, FL		
Zip 33160	Country USA	Zip 33160	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 01/09/1991	
5. FEI Number 650237412				Applied For? Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				\$175 Additional Fee required to file Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Ronald M. Fieldstone					
Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle					
Suite, Apt. #, Etc. Suite 601					
City Coral Gables				State FL	Zip Code 33134
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 5/21/03					
9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
VPAS/D	Ingrid Angela	16400 Collins Avenue	Miami Beach, FL 33160		
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 had 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 116.07(3)(b), 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:  ANGELE		Date 5/21/03	305-947-9594		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #		

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JL

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : I19990000180
Phone : (305)357-5775
Fax Number : (305)357-5534

CORPORATION REINSTATEMENT

OCEANIA SERVICE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00