

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -6 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 02 W 8549

1. Corporation Name

Ocean Management Enterprises, Inc

2. Principal Office Address

883 NE Dixie Highway
Suite, Apt. #, etc.

SUITE #5
City & State

JENSEN BEACH, FL
Zip 34957 County MARTIN

3. Mailing Office Address

883 Northeast Dixie Highway
Suite, Apt. #, etc.

SUITE #5
City & State

JENSEN BEACH, FL
Zip 34957 County MARTIN

4. Date Incorporated or Qualified To Do Business in Florida

07/25/91

5. FEI Number

65-0364240

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 Richard Stuckler

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

883 NE Dixie Highway
Suite, Apt. #, Etc.

SUITE #5
City

JENSEN BEACH

000009400800

12/05/02--01058--009 **150.00

State

FL

Zip Code

34957

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 Richard Stuckler

REGISTERED AGENT MUST SIGN

Date 11/21/02

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
	<u>Stuckler, Richard</u>	<u>883 NE Dixie Highway</u>	<u>JENSEN BEACH, FL 34957</u>

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:

Richard Stuckler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/02
Date

Daytime Phone #

CR2E081 (9/01)

Ocean Management Enterprises, Inc.
883 Northeast Dixie Highway
Suite #5
Jensen Beach, FL 34957

November 21, 2002

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Ocean Management Enterprises, Inc.
Federal I. D. 65-0364240

Dear Sir or Madam:

Enclosed is a check in the amount of \$150.00 to be applied to Ocean Management Enterprises, Inc. corporate annual report for 2002. Also is a reinstatement form with current corporate information.

We did not receive the original corporate annual report form for 2002, therefore it was not filed.

Please make necessary changes to our corporate records and waive the reinstatement fee.

Sincerely,



Richard Stucklen
President

Enclosure