FILED
03 NOV 13 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 640043

1. Corporation Name
Caribbean Ships Chandler, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
7665 Corporate Center Drive	7665 Corporate Center Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33126 Country: US	Zip: 33126 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 07/30/1979

5. FEI Number: 59-1964041 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Curtis J. Mase, Esq.

10/22/03--01066--018 **900.00

Street Address (P.O. Box Number is Not Acceptable): 80 S.W. Eighth Street

Suite, Apt. #, Etc.: Suite 2700

10/22/03--01066--018 **900.00

City: Miami State: FL Zip Code: 33130

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: Curtis J. Mase
REGISTERED AGENT MUST SIGN

Date: 10/2/03

CR2E081 (10/02)

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
DP	Colin Veitch	7665 Corporate Center Drive	Miami, Florida 33126
DVT	Lamarr Cooler	7665 Corporate Center Drive	Miami, Florida 33126
DVS	Mark Warren	7665 Corporate Center Drive	Miami, Florida 33126

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: Mark Warren 10/20/03 (305) 436-4095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #