

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 DEC 18 AM 9:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L15708**

1. Corporation Name

SEABOARD WAREHOUSE TERMINALS OF FT. LAUDERDALE, INC.

Principal Place of Business

Mailing Address

9350 S. DIXIE HWY., #900
 MIAMI FL 33156

9350 S. DIXIE HWY., #900
 MIAMI FL 33156



REINSTATEMENT

2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~3455 NW 54th Street~~

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33142

Country

3. New Mailing Office Address, If Applicable

~~3455 NW 54th Street~~

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33142

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/14/1989

5. FEI Number

65-0143195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BLANK, ANDY	9350 S. DIXIE HWY., #900	MIAMI FL
DC	BLANK, MARK	9350 S. DIXIE HWY., #900	MIAMI FL
D	BLANK, TONY	9350 S. DIXIE HWY., #900	MIAMI FL

10000474678

01/02/02 01034 029

****750.00 ****750.00

8. Name and Address of Current Registered Agent

MARCIANO, SHELLEY
 9350 S. DIXIE HWY., #900
 MIAMI FL 33156

9. Name and Address of New Registered Agent

Name **Lilia Kelley**

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

3455 NW 54th Street

Suite, Apt. #, Etc.

City **Miami**

State

FL

Zip Code

33142

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/13/01**

11. 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] President

Date **12/13/01** 305-633-8587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)