

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-12/01/98--01045--024  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

DOCUMENT # M09608

1. Corporation Name

ARI SHIPPING CORPORATION

Principal Place of Business 275 SEVENTH AVENUE NEW YORK, NY. 10001	Mailing Address 275 SEVENTH AVENUE NEW YORK, NY. 10001
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT *9298*

4. Date Incorporated or Qualified To Do Business in Florida 01/04/1985

5. FEI Number 13-3318571

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/T	FIDLER, ILAN	12 HEREFORD ROAD	GREAT NECK, NY. 11020
V	FIDLER, JUDITH	12 HEREFORD ROAD	GREAT NECK, NY. 11020
S	SACHCHABUTRA, SUEBSAI	405 EAST 14TH STREET	NEW YORK, NY. 10009

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\*\*\*1650.00 \*\*\*1650.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FIDLER, ILAN (POLISHUK)  
2511 N.E. 135TH STREET  
PH 1  
MIAMI, FL. 33181

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

REGISTERED AGENT MUST SIGN

Date 11/19/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on Intangible tax.)

12. 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)(l), 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]*  
ILAN FIDLER-PRESIDENT

11/19/1998

212-645 6969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (1/88)