

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 00 OCT 30 AM 9:16
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **N94000001414**

1. Corporation Name

GLOBAL SHIPPERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4310 METRO PARKWAY
 SUITE 300
 FT. MYERS FL 33916

4310 METRO PARKWAY
 SUITE 300
 FT. MYERS FL 33916

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

REINSTATEMENT



4. Date Incorporated or Qualified To Do Business in Florida
 03/10/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0483132

Not Applicable

Zip Country

Zip Country

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	PAINTER, RON	1000 WINWARD CONCOURSE	ALPHARETTA GA 30005
D	GIACOMELLI, BARBARA	7225 WINSTON DR	INDIANAPOLIS IN 46268
D	HAM, JOHN P	ONE PPG PLACE	PITTSBURGH PA 15272
D	SLOAN, MARIS SLOAN, MARVIS	1100 115 ST	ROMEVILLE IL 60446
T	POMARICO, FRANK	4310 Metro Parkway #210	FT MYERS, FL 33916
D	SCHUBNEL, WILLIAM	3600 PUMMEL CREEK RD 3600 PUMMEL CREEK RD	LACROSSE WI 54601

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POMARICO, FRANK
 4310 METRO PARKWAY
 SUITE 300
 FT. MYERS FL 33916

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. 200003468932--1
 -11/17/00--01073--014
 City ***236 State FL Zip Code ***236.25

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

Frank Pomarico

Date 10/25/00

REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE:

Frank Pomarico
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/00 941-936-2800 X
 Date Daytime Phone # 432

CR2E040 (8/00)