

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

01 JAN -9 PH 3:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P17170**

1. Corporation Name

KING OCEAN SERVICE DE VENEZUELA, S.A.

Principal Place of Business

Mailing Address

7570 NW 14TH ST.
 MIAMI FL 33126

7570 NW 14TH ST.
 MIAMI FL 33126

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 2000

4. Date Incorporated or Qualified To Do Business in Florida

12/11/1987

5. FEI Number

98-0080252

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 00003583151--9

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City, State, Zip |
|---------------|-------------------------------------|--|-------------------------------|
| PD | MANSUR, LOUIS | TORRE LAS MERCEDES, #502E | CARACAS, VENEZUELA |
| VD | GOMEZ, FRANK-DACOSTA | TORRE LAS MERCEDES, #502E | CARACAS, VENEZUELA |
| D | GOLMENARES, LUIS-MIGUEL | TORRE LAS MERCEDES, #502E | CARACAS, VENEZUELA |
| T | PERDONO, CARLOS <i>Perdono,</i> | 7570 N W 14TH STREET | MIAMI FL 33126 |
| D | Gomez, Jose | 7570 NW 14 St. | Miami, FL 33126 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERDONO, CARLOS
 7570 NW 14TH STREET
 MIAMI FL 33126

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

1/8/01

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/01

Daytime Phone #

CR2E040 (8/00)