

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

DOCUMENT # P94000079523

99 DEC 23 AM 11:39

1. Corporation Name
OFFSHORE SUPPLY, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9600 NW 25 ST Suite 3F Miami, FL 33172 US	9600 NW 25 ST Suite 3F Miami, FL 33172 US

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	4. Date Incorporated or Qualified To Do Business in Florida	10/28/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	65-0528725
City & State	City & State	Applied For	Not Applicable
Zip	Country	Zip	Country
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			

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

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
D	ADAMI, CLAUDIA	9600 NW 25 ST Suite 3F	Miami, FL 33172
D	BASTOS, NELSON	9600 NW 25 ST Suite 3F	Miami, FL 33172
AS	MESA, MANUEL A.	1000 Brickell, Ste 660	Miami, FL 33131
			800003095478-0 -01/12/00--01013--002 ***750.00 ***750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Manuel Arthur Mesa, ESQ
 100 Southeast 2nd Street
 37th Floor
 Miami, FL 33131

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 *[Signature]*
 REGISTERED AGENT MUST SIGN

Date 12/19/99

11. This corporation owes 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)(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]* CLAUDIA ADAMI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-99 305-593-7041
 Date Daytime Phone #