

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F95000001843

1. Corporation Name

SHIPCO TRANSPORT INC.

Principal Place of Business

80 WASHINGTON ST.
HOBOKEN NJ 07030

Mailing Address

P.O. BOX 1411
HOBOKEN NJ 07030

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

4. Date Incorporated or Qualified To Do Business in Florida

04/17/1995

5. FEI Number

13-3468377

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	JEPSEN, KLAUS H	80 WASHINGTON ST.	HOBOKEN NJ 07030
D	SIMONSEN, ARNE	SNORRESGADE 18-20	DK-2300 COPENHAGEN S DENMARK
DP	KNUTSEN, LEIV O	80 WASHINGTON ST.	HOBOKEN NJ 07030
V	MIKKELSEN, HANS C	80 WASHINGTON ST.	HOBOKEN, NJ 07030
DS	EDWARDS, OLIVER	195 BROADWAY	NEW YORK NY 10007
V	MOGELVANG, CHRISTIAN	80 WASHINGTON ST.	HOBOKEN, NJ 07030
V	ROBERTS, DANNY L	8600 NW 53 TERRACE	MIAMI, FL 33166
V	CHRISTENSEN, HENRIK O	80 WASHINGTON ST.	HOBOKEN, NJ 07030
V	EKSTROEM, KIM	80 WASHINGTON ST.	HOBOKEN, NJ 07030

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

300002361063-4

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

-12/02/97-01063-002
***758.75 ***758.75

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am fully qualified to perform the duties of a registered agent under section 607.0605, F.S.

Signature of Registered Agent

Kimberly D. Gilbertson

Kimberly D. Gilbertson
Assistant Secretary

Date

11/24/97

11. This corporation ~~has not~~ 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)(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:

Hans C. Mikkelsen

HANS C. MIKKELSEN

11/21/97

201-216 1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (8/97)