

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

ALBAMARINE CORPORATION

2. Principal Office Address

7464 N.W. 8th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33126

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 03/27/02

5. FEI Number

32-2163307

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jose E. Balseiro

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

2700 S.W. 29th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Elsa Gonzalez	7464 N.W. 8th Street	Miami, Florida 33126
D	Vicente Alvarez	7464 N.W. 8th Street	Miami, Florida 33126
D	Jose E. Balseiro	7464 N.W. 8th Street	Miami, Florida 33126

10. 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 AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

CR2E081(01/04)

PS 2092
March 28, 2004

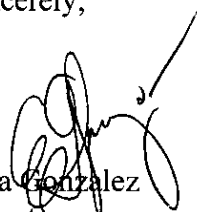
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madame:

Enclosed you will find Articles of Reinstatement for Alba Marine Corporation (Document #). It has just come to our attention that this company was administratively dissolved in September, 2003 for failure to file the Annual Report. We never received the 2003 Annual Report. We are enclosing a check in the amount of \$300.00 to cover the annual fees for the years 2003 and 2004. We kindly ask that you abate the penalties as we never received the corresponding annual report.

If you have any questions please do not hesitate to contact us at 305-267-6700. Any help that you can provide us with this matter will be greatly appreciated.

Sincerely,



Elsa Gonzalez
Director
Alba Marine Corporation