

PL

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED**04 SEP 20 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT #** P02000091875

1. Corporation Name

Sol Chartering USA, Inc.

2. Principal Office Address

2019 SW 20th Street

Suite, Apt. #, etc.

Suite 210

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

3. Mailing Office Address

2019 SW 20th Street

Suite, Apt. #, etc.

Suite 210

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/23/02

5. FEI Number

22-3865767

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Date

REGISTERED AGENT MUST SIGN

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
T, D	Koolhof, Kees	2019 SW 20th St, Ste 210	Ft Lauderdale, FL 33315
P, D	Behrens, Frank	2019 SW 20th St, Ste 210	Ft Lauderdale, FL 33315

400041172774
09/20/04--01046--002 **550.00

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #