PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 12+7					
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			SECRET DIVISION	FILED TARY OF STATE OF CORPORATIONS	
DOCUMENT # POYUN \			MAL 60	-3 PM 3:07	
Unitor Ships Service, Inc.  AHN: Tax and Legal					
2. Principal Office Address	Principal Office Address  3. Mailing Office Address		_		:
9400 New Century De.	Some			CHZEQET (E/Q5)	04-05
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Date Incorporated or Qualified     To Do Business in Florida		
City & State  City & State			5. FEI Number Applied For Not Applicable		
77507 USA	Zip	Country	6. CERTIFICATE OF STA	THE DECIDED \$8.75	Additional Fee required Certificate of Status
7. Name and Address of Current Registered Agent					
Name CT Corporation System  Street Address (P.O. Box Number is Not Acceptable)  1200 South Prox Island Rd.  Suite, Apt. #, Etc.  City  Plantation FL  State Zip Code FL 333324					<u>'50.00</u>
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.					March 1981 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of Registered Agent			Dat	e	
9. Names and Street Addresses of Each Officer an	d/or Director (Florida non	profit corporations must list at I	east 3 directors)		THE RESERVE OF THE PARTY OF THE
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
P Colin Hatton		D New Centur	ry de Pas	sadena TX	77507
VPB/T Thomas Flo		D-New Centur	y DR Pas	sadena TX	77507
			<b>4000</b> 11/01/050	3054775 1061004 **	4 158.75
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 SIGNATURE OR DIRECTOR Date Daytime Phone #					

PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.			
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS				
DOCUMENT # POHUT!	iniaa Tor				
1. Corporation Name  Unitor Ships Se  AHN: TAX ON	na legal				
S. D. Later Off. Address	WOS - 47481				
9400 New Century De.	3. Mailing Office Address Semc.	04-05			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Da-62			
		4. Date incorporated or Qualified To Do Business in Florida			
City & State	City & State	5. FEI Number Applied For			
Zip Country	ZIp Country	16-0123280. Not Applicable			
77507 USA		CERTIFICATE OF STATUS DESIRED SS.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is it	400060547754 10/12/0501049002 **750.00				
Suite, Apt. #, Etc.	10/12/0501049002 **750.00				
City	State   Zip Code				
Plantation	FL	FL 33324			
Signature of O	ove named corporation, am familiar with and accept the of the control of the cont	bilgations of section 607.0505 or 617.0503, F.S.  Date 12/21/2055			
9. Names and Street Addresses of Each Officer and/or Otrector (Florida nonprofit corporations must list at least 3 directors)					
Titles Name of Officers and/or Directors		City / State / Zip			
P Colin Hatton	9400 New Centur	y DR Pasadena TX 77507			
VPS/T Thomas Flo	9400 New Century	Dr. Pasadena TX 77507			
		400060547754 11/01/05-01061004 **158.75			
and the second second					
this reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my si	solution has been eliminated, the corporate name satisfies	excluded for in chapter 607 or 617, F.S. I further certify that when filling the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated roath.			
SIGNATURE: SIGNATURE AND TYPED OR PRI	INTED NAME OF SIGNATOR FOR DIRECTOR	Date Daytime Phone 6			