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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG 23 AM 10:15

CORPORATION REINSTATEMENT

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

DOCUMENT # 000177

85-01

1. Corporation Name
FLORIDA COAST LINE CANAL AND TRANSPORTATION COMPANY

2. Principal Office Address	3. Mailing Office Address
18305 BISCAYNE BLVD	18305 BISCAYNE BLVD
Suite, Apt. #, etc.: Suite 216	Suite, Apt. #, etc.: Suite 216
City & State: AVENTURA FL	City & State: AVENTURA FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5-27-1882

5. FEI Number: 132518466 ☐ 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: DAVID NEPO

Street Address (P.O. Box Number is Not Acceptable): 18305 BISCAYNE BLVD

Suite, Apt. #, Etc.: SUITE 216

City: AVENTURA State: FL Zip Code: 33160

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: [signature] REGISTERED AGENT MUST SIGN Date: 8-21-01

CR2E081 (8/95)

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
P VP ST	DAVID NEPO	18305 BISCAYNE BLVD SUITE 216	AVENTURA FL 33160

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8-21-01 Daytime Phone #: 305-937-4711

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

FLORIDA COAST LINE CANAL AND TRANSPORTATION COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$2,537.50