## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOUGHENT # 36933 4  1. Comparation Name  CA HIPPEAN INA RINE ASSOCIATES, INC.  2. Principal Office Address. No P.O. Box   3. Making Office Address.   1/24/09-011040-011 ***300.00  1. Dalting Bart Plaza, 31F1   1. Balting Part Plaza, 31F1  Sulte, AR. 8. 6.  CJO Shipowners Claims   26 Shipowners Claims   1/24/09-011040-011 ***300.00  PENNATA SPREED STATES   1/24/09-011040	CORPORATION REINSTATEMENT  REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations					FILED  09 NOV 24 AM II: 00  SECRETARY OF STATE TALLAMASSEE, FLORIDA				
2. Principal Office Address - No P.O. Box 8  1. Balking Park Plaza, 31 F1  1. Sulle, AR 8, etc.  1. Clo Shabowners Claims  Constitute Park Plaza, 31 F1  1. Country  1. Do Oth  Country  1. Do Oth  Country  1. Name and Address of Current Replasared Agent  The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  City PLANTATION  6. I. Debrg appointed the piglieted agent of the above named corporation, material with and accept the obligators of section 807 050 or 617 0503. F.S.  Signature of Scholar Park Plaza, 31 F1  Park Park Park Park Park Park Park Park										
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7. Name and Address of Current Registared Agent  ACC COPPOPATION SYSTEM  Street Address if PO. Box Number in Not Acceptable)  Street Address if PO. Box Number in Not Acceptable)  Suite, Apr. 8. Etc.  City PLANTATION  State  Shall Zip Code  FEL 333224  8. 1. being appointed the projectered agent of the above named corporation, am familiar with and accept the obligations of section 507.0503. F.S.  Signature of Registered Agent Address era of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation must list at least 3 directors)  CO HUGHES, JOSEPH E 1 Balken Park 1 MARA, 31Fl New York, NY 10004  P. SOLA RIND, VINCENT J 1 Balken Park 1 MARA, 31Fl New York, NY 10004  V. FARA, 1 AN 1 Balken Park 1 MARA, 31Fl New York, NY 10004  ST. KADI, ARPAN A 1 Parken Park 1 MARA, 31Fl New York, NY 10004  To be used for forms amust insort contribution of or 17, F.S. 1 further certify that when filing this invitationent page of the page of truther certify that when filing this invitationent page of the page of truther certify that when filing this invitationent page of the page of truther certify in the page of the forms amust insort contribution in the certify in the when filing this invitationent page of the page of the contribution in the and accounts, and my signature shall have the same legal effect as 1 made under output. Page 1 Mark 1	· ·					6. CERTIFICATE OF STATUS DESIRED TO \$8.75 Admittorial Fee required				
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.  Sulta, Apt. 4, Etc.  City PLANTATION  State  State  Size Apt. 2/p Code  FL 33324  8. 1, being appointed the repistered agent of the above named corporation, am familiar with and accept the obligations of section 807 0505 or 617,0503, F.S.  Signature of Registered Agent  Sohan-R. Dindyal  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Signature of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors)  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  CO HUGHES JOSEPH E 1 Balkey Park 1 Mark 31F1 New York, NY 10004  P. SOLA RIND, VINCENT J 1 Balkey Park 1 Mark 31F1 New York, NY 10004  V. FARR, 1 AN 1 Balkey Park 1 Mark 31F1 New York, NY 10004  ST. KADI, ARPAD A 1 Balkey Park 1 Mark 31F1 New York, NY 10004  ST. KADI, ARPAD A 1 Balkey Park 1 Mark 31F1 New York, NY 10004  To be used for future annual report notices from 607 0401 or 617 0401, F.S. Intellectory that are instantement application, the reason for dissolution has been eliminated, the corporation manual support florin from 607 or 617, F.S. Intellectory that it is made under out only the corporation have the estimated in corporate names assisted for in chapter 607 or 617, F.S. Intellectory that when filling this reinstatement application in hybre been paid 1 for the receiver or trustee empowered to accept the manual report notification in true and accounts, and my signature shall have the same legal effect as series of certain for the centry that shall have the same legal effect as series and centry.								(M. C. OGICII	icate or Santa o	
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