

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 24 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 369259

1. Corporation Name

CARIBBEAN MARINE ASSOCIATES, INC.

2. Principal Office Address - No P.O. Box #

1 Battery Park Plaza, 31F1

Suite, Apt. #, etc.

c/o Shipowners Claims

City & State

New York, NY

Zip

10004

Country

USA

3. Mailing Office Address

1 Battery Park Plaza, 31F1

Suite, Apt. #, etc.

c/o Shipowners Claims

City & State

New York, NY

Zip

10004

Country

USA

000163089340

11/24/09--01040--011 \*\*300.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified To Do Business in Florida

09/01/1970

5. FEI Number

591303583

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

CT CORPORATION SYSTEM

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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.

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

*Sohan R. Dindyal*

Sohan R. Dindyal  
Vice President

Date 11-10-09

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
CO	HUGHES, JOSEPH E	1 Battery Park Plaza, 31F1	New York, NY 10004
P	SOLARINO, VINCENT J	1 Battery Park Plaza, 31F1	New York, NY 10004
V	FARA, IAN	1 Battery Park Plaza, 31F1	New York, NY 10004
ST	KADI, ARPAD A	1 Battery Park Plaza, 31F1	New York, NY 10004

10. E-mail Address: arpad.kadi@american-club.com

(To be used for future annual report notification)

11. 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. I further certify 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

*Arpad A. Kadi* ARPAD A. KADI TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/09 212-847-4579

Daytime Phone #