

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

97 APR -9 PM 3:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 051496

1. Corporation Name **NORTH AMERICAN OCEAN TRANSPORTATION, INC**
 6982 N.W/42nd Street
 Miami, Florida 33166

Principal Place of Business Mailing Address
 6882 N.W 42nd Street, Miami, Florida 33166

REINSTATEMENT 88-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 6982 N.W 42nd Street Suite, Apt #, etc.	3. New Mailing Office Address, If Applicable Same Suite, Apt #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 1988
City & State Miami, FL	City & State	5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33166 Country USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	John C. Guerra	12721 S.W 47th Terr	Miami, FL 33175
S.	Gerald F Guerra	10320 S.W 42nd Street	Miami, FL 33176
			100002139571-9 -04/10/97-01086-017 ***1828.75 ***1828.75
			JB4-9-97

8. Name and Address of Current Registered Agent

Soto and Gonzales C.P.A

Name **Magdalena Gonzalez**
 Street Address (P.O. Box Number is Not Acceptable)
3850 S.W 87th Ave.
 Suite, Apt. #, Etc.
 City **Miami, FL** State **FL** Zip Code **33126**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *Magdalena Gonzalez* Date **April 4th 1997**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *John C. Guerra* *Gerald F Guerra*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John C. Guerra (Pres) **Gerald F Guerra (Sec.)**
 Date **4/21/97** Daytime Phone # **(305) 592-4540**

CR2E046 (12/96)