PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED 08 DEC -2 AM 9: 22 SEURETARY OF STATE		
DOCUMENT # 843024 1. Corporation Name MEDITERRANGAN SHIPPING COMPANY USA, INC				TALLAHASSEE, FLORIDA 700138445117 12/04/0801044007 **350.00 02-19-08 90025 030 \$ 558-75			
2. Principal Office Address - No P.O. Box# 420 Firm AVENVS	3. Mailing Office Addres Suite, Apt. #, etc.	ι <i>&</i>			REINSTATEMENT 07-08 CR2E081 (12/07)		
Suite, Apt. #, etc. 26 H. FLOOR Suite, Apt. #, City & State N S W VOR V VV City & State		916.			rorated or Qualified out 16/1979 r Applied For Not Applicable		
Zip 1018 Country	Zip	Count	try	6. CERTIFICATE	OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL 33324 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Registered Agent REGISTERED AGENT MCSSISSAIT SECTED.				laulae			
9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at lea				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
CEO NICOLA ARGNA		420 F. P. n AVS. 26			NSw yolk - Ny - 12018		
ARS. CLAUDIO BOZZZO BIR. BASQUALE FORMIS		40 AVE. EUGENS 7: TIA			USW YORK- NY-LOOJ8 GENEVA-SWITZERLANSCHALL	06	
Dik ELVID BOOK QUIN		40 AUE. EU63N3 ?!T			GSWGUA-SW: TZERLAWS-CH 1206		
SIR LAWRENCE MATTHEW	s 40 AU3. GU63NS ??T		ialo	Sensua-suitzelland-ch 1206			
12/3							
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 filling 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 contained in Chapter 119, 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 SIGNING OFFICER OR DIRECTOR Date Desymme Phone #							