

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR '95-97
REINSTATEMENT



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

97 JUN 20 PM 1:04

DOCUMENT # **849223**

1. Corporation Name

Zim-American Israeli Shipping Co., Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**One World Trade Center
16th Floor
New York, New York 10048**

Mailing Address
**One World Trade Center
16th Floor
New York, New York 10048**

REINSTATEMENT 95-97
A. Alan
6/20/97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5/22/1981	
City & State		City & State		5. FEI Number	
Zip		Zip		13-5542549	
Country		Country		Applied For	
				Not Applicable	
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Steinbuch, Eliezer	One World Trade Center/16th Fl.	New York, New York 10048
V/S/D	Grüenhut, Egon	One World Trade Center/16th Fl.	New York, New York 10048
V/D	Gezundhaft, Benny	One World Trade Center/16th Fl.	New York, New York 10048
V/D	Millard, John	One World Trade Center/16th Fl.	New York, New York 10048
T	Cavagnolo, John	One World Trade Center/16th Fl.	New York, New York 10048

8. Name and Address of Current Registered Agent

**CT Corporation System
1200 S. Pine Island Road
Plantation, Florida 33324**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **700002221027--5**
City **-06/24/97--D1025--011**
*****1088 FL ***1088.75**

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

Barbara A. Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Date **6-13-97**

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 R. Cavagnolo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Cavagnolo

Date

6/9/97 [212]524-1600

Daytime Phone #

CR2E040 (12/96)