

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 27 PM 3:29

DOCUMENT # F00000003829

1. Corporation Name

INDEPENDENCE SHIPPING LINES, LTD., INC.

Principal Place of Business

1020 CHRISTINA AVE., BLDG. 23
WILMINGTON DE 19801

Mailing Address

1020 CHRISTINA AVE., BLDG. 23
WILMINGTON DE 19801



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable

58 PYLES LANE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

58 PYLES LANE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

07/07/2000

5. FEI Number

54-1938634

Applied For

Not Applicable

City & State

NEW CASTLE, DE

City & State

NEW CASTLE, DE

Zip

Country

19720 U.S.A.

Zip

Country

19720 U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	CABELLOS, DANIEL S	1020 CHRISTINA AVE., BLDG. 23	WILMINGTON DE 19801

400004765264--5

01/10/02-01069--006

****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Daniel Cabellos

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

820 Birdie Way

Suite, Apt. #, Etc.

City

Apolla Beach

State

FL

Zip Code

33572

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-10-01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813)
11-10-01 641-9788

CR2040 (8/01)