

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

99 JAN -4 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000840

1. Corporation Name

BLUE STAR LINE (NORTH AMERICA) LIMITED CORPORAT
ION

Principal Place of Business

2701 TALLYRAND AVE
JACKSONVILLE FL 32206

Mailing Address

ONE WORLD TRADE CTR.
STE 8433
NEW YORK NY 10048
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1992

5. FEI Number

13-3631951

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
V	VARRASSI, ANN	ONE WORLD TRADE CENTER STE 8433	NEW YORK NY
P	TILLEY, RAYMOND B	ONE WORLD TRADE CENTER STE 8433	NEW YORK NY
VT	URRUTY, ANDRE	ONE WORLD TRADE CENTER STE 8433	NEW YORK NY

800002730458--5
-01/05/99--01055--015
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

Name

CSC THE UNITED STATES CORPORATION COMPANY

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

1201 HAYES ST.

Suite, Apt. #, Etc.

SUITE 105

City

TALLAHASSEE

State

FL

Zip Code

32301

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. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/98 (201) 896-8420

Daytime Phone #