

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000006725**

1. Corporation Name

**UNION MARITIMA INTERNACIONAL, S.A.**

Principal Place of Business

SERRANO, 45-3 DEGREES  
MADRID, 28001, SPAIN  
OC

Mailing Address

5301 BLUE LAGOON DR.  
SUITE 470  
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/1997

5. FEI Number

98-0106688

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
C	PERERA, JENARO FELIX	CAMINO DE MALTONES	ALGETE MADRID
C	AKERMANN, MARKUS	SEKRETARIAT MR. AKERMANN CH 1298	CELIGNY, SWITZERLAND
D	KOCH, BENOIT	489 AVENUE LOUISE	1050 BRUXELLES, BELGIUM
D	VARELA, FERNANDO	PO CASTELLANA	8 MADRID
D	SUANA, MARIANO	5115 MORIKEN	SWITZERLAND
PM	VILLANUEVA, JOAQUIN	SERRANO, 45-28001	MADRID

8. Name and Address of Current Registered Agent

MARK E. FRIED, P.A.  
1110 BRICKELL AVE., STE. 700  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date

10/30/2000

REGISTERED AGENT MUST SIGN

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

JOAQUIN VILLANUEVA

Date

10/27/2000

Daytime Phone #

349/5750975

CR2E040 (8/00)