

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000000223

1. Corporation Name

CONTESSA INTERNATIONAL CRUISE LINE, INC.

Principal Place of Business

Mailing Address

~~1201 US HIGHWAY 1~~

~~STE 250~~

~~NORTH PALM BEACH FL 33408~~

~~1201 US HIGHWAY 1~~

~~STE 250~~

~~NORTH PALM BEACH FL 33408~~

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

2. New Principal Office Address, If Applicable

817 W. Main St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

817 W. Main St.

Suite, Apt. #, etc.

City & State

Brownsville, WI

Zip

53006

Country

USA

City & State

Brownsville, WI

Zip

53006

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/14/1998

5. FEI Number

65-0808422

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	City / State / Zip
PT.	MICHEL, RUTH	817 W MAIN ST	BROWNSVILLE WI 53006
VSD	MICHEL, STEVEN	817 W MAIN ST	BROWNSVILLE WI 53006

400004690584--6
-11/21/01--01039--006
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

KELLEY, ALLAN R
100 S.E. 2ND STREET, 18 FL
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
FL

Zip Code

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

Allan R. Kelley

REGISTERED AGENT MUST SIGN

Date

10-29-01

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)(l), 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:

Ruth L. Michels

Ruth L. Michels 10-22-01

(920) 583-3132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #