

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 21 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H16256

1. Corporation Name

MERCATOR SHIPPING, INC.

Principal Place of Business

Mailing Address

11825 NW 100 RD
STE 5
MIAMI FL 33178
US

11825 NW 100 RD
STE 5
MIAMI FL 33178
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

7819 NW 15 STREET

7819 NW 15 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

US

Zip

33126

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1984

5. FEI Number

59-2461725

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
VD	DE WITTE, KRIS	2820 LAKE DR	MIAMI BEACH FL 33140
D	VAN ACHTEREN, RAYMOND	SCHOMHOEVENEG 15	ANTWERP, BELGIUM, 2030
D	VAN LOOVEREN, MARC	SCHOVENKENSSTRAAT 1	ANTWERP, BELGIUM, 2030
			600006060996--7
			-06/27/02--01010--020
			*****900.00 *****900.00

8. Name and Address of Current Registered Agent

SAWYER, EDWARD E.
200 S. BISCAYNE BLVD., SUITE 4900
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

REGISTERED AGENT MUST SIGN

Date Nov. 26, 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:

KRIS DE WITTE

11/14/01

305 468 8010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)