

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 14 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 16694

1. Corporation Name

WINDWARD SHIPPING INC.
6555 NW 36 St. Suite 319
Miami-F1. 33166

Principal Place of Business

Mailing Address

SAME

REINSTATEMENT 87-97

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

05-1986

5. FEI Number

65-0465330

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JAVIER CEDENO	6555 NW 36 ST. #319	Miami-F1. 33166
V	ORLANDO HOOKER	14121 Cypres Ct.	Miami Lakes-F1.
S	Catalina Chow	4491 NW 36 st.	Miami-F1.
T	Fredonia Bryan F.	7357 W 30 Av.	Miami-F1.

600002180403-4
-05/15/97-01120-002
1881.251881.25

8. Name and Address of Current Registered Agent

Name and Address

Javier Cedeno

6555 NW 36 st. #319
Miami-F1 33166

Javier Cedeno

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

6555 NW 36 st.

Suite, Apt. #, Etc.

600002180476-4

319

-05/15/97-01120-003

City

Miami-F1.

*****8.75

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

Javier Cedeno

REGISTERED AGENT MUST SIGN

Date April 29/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

JAVIER Cedeno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 29/97

871-4755

Daytime Phone #

CRCE040 (12/95)