PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	I LLAGE	- 1111/10/	TLL IINOT	HOOTIC	JINO DE	OHEC	VIVII LLI	HACE LL HOW WAS HALL		
FOR 87-91				DA DEPARTMENT OF STATE Sandra B: Mortham Secretary of State			1297 AUG 1 1 AM 11: 05			
REINSTATEMENT			יוֹם	DIVISION OF CORPORATIONS			SECRETARY OF STATE TALLAMASSEE, FLORIDA			
DOCUMENT # J 16694 W 970000/824						3				
WINDWARD SHIPPING INC.							[1	
6555 N.W. 36 St. Suite 319										
Miami, F1. 33166								•		
Principal Place of Business Mailing Address							ĺ		ĺ	
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Same							-		100 Y	
· ·							RFIN	STATEMENT [®]	1000.10	
								OIVICIAICIAI ~	(20))(1°	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							i	DO NOT WRITE IN THIS SPACE		
New Principal Office Address, If Applicable				ng Address, If Applicable			Date Incorporated or Qualified			
				ala.			To Do Business in Florida 05-1986			
Suite, Apt. #, etc. Suite, Apt. #,				etc.			5. FEI Numbe	or A	pplied For	
City & State City & State								65-0465330	lot Applicable	
							6.			
					Country		CERTIFICATE OF STATUS DESIRED S8.75 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)										
Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director								City / State / Zip		
1 2 and/or Directors			3 (Do NOT Use Post Office Box			lumbers)	4			
P JAVIER CEDENO			6555 NW 36 St. #3			319 Miami, Fl. 33166				
V ORLANDO HOOKER				14121 Cypres Ct.				Miami Lakes, Fl.		
S CATALINA CHOW				4491 NW 36 St.			1	Miami, F1.		
T	r FREDONIA BRYAN F.				7357 W 30 Av.			Miami, Fl.	1	
4000022645044 -08/12/9701050008							-08/12/9701050-			
								0000226450 4	14	
****389.50 ****389.50 -08/12/9701050006 *****500.00 *****500.00										
8. Name and Address of Current Registered Agent							9. Name and	Address of New Registered Agent		
	Name .T							avier Cedeno		
Street Address (D							O. Box Number is Not Acceptable)			
Javier Cedeno						' '				
5555 NW 36 St. #319 Suite, Apt. #, Etg.						10 4	00002264504	4		
Miami, F1. 33166							-08/12/97010S0-	-007 500.00		
						iami_				
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.										
A										
Signature of Peglistered Agent August 4, 1997										
REGISTERED AGENT MUST SIGN										
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 harehy certify that the information supplied with this filter is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes Lice.										

I do nereby 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 NO.

August 4,1997

871-4755