

AIDS

## DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W 97000018243

WINDWARD SHIPPING INC.  
6555 N.W. 36 St. Suite 319  
Miami, Fl. 33166

Mailing Address

**Same**

# REINSTATEMENT

DO NOT WRITE IN THIS SPACE

05-1986

Not Applicable

**SB.75** Additional Fee required for a Certificate of Status

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do Not Use Post Office Box Numbers) 3	City / State / Zip 4
P	JAVIER CEDENO	6555 NW 36 St. #319	Miami, Fl. 33166
V	ORLANDO HOOKER	14121 Cypres Ct.	Miami Lakes, Fl.
S	CATALINA CHOW	4491 NW 36 St.	Miami, Fl.
T	FREDONIA BRYAN F.	7357 W 30 Av.	Miami, Fl.

9. Name and Address of New Registered Agent

*****500	FL
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*Javier Bedeno*  
REGISTERED

REGISTERED AGENT MUST SIGN

Date **August 4, 1997**

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 Cedenio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 4, 1997

871-4755

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_