

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 21 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L01000020754

Name and Mailing Address

0008617 01 AT 0.292 **AUTO T1 0 0615 33319-407440



COLUMBUS SHIP MANAGEMENT, L.L.C.
6740 NW 45TH STREET
LAUDERHILL FL 33319-4074

800027363228
01/21/04--01084--019 **200.00



1/21

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/20/2001	
Principal Place of Business 1031 SE 17TH STREET CAUSEWAY FORT LAUDERDALE FL 33316	3. New Principal Place of Business Address 1025 SE 17th Street City, State, Zip Fort Lauderdale, FL 33316	6. FEI Number 01-0554042	Applied For Not Applicable
8. Name and Address of Current Registered Agent CAPUNO, EDMUNDO C 6740 NW 45TH STREET LAUDERHILL FL 33319		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		Date January 01, 2004	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CAPUNO, EDMUNDO C	6740 NW 45TH STREET	LAUDERHILL FL 33319
MGRM	QUILLOPE, VICENTE ALEXAN P	6740 NW 45TH STREET	LAUDERHILL FL 33319
MGRM	VILLANUEVA, JOSE B	9651 NW 48TH LANE	MIAMI FL 33178
REINSTATEMENT 2003-2004			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager		Date 01.01.04 Daytime Phone # 954-448-9899	
Typed or printed name of signing Managing Member/Manager		EDMUNDO C CAPUNO	

CR2E084 (7/03)