

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**APPLICATION  
FOR  
REINSTATEMENT**



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

**\* FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 AM 8:00**

**DOCUMENT # L41584**

1. Corporation Name

**MAJESTIC STEAMSHIP LINES INC.**

**REINSTATEMENT 03**

Principal Place of Business

Mailing Address

CHRISTIE'S LANDING  
NEW PORT RI 02840

CHRISTIE'S LANDING  
NEW PORT RI 02840



200025734082  
12/23/03--01051--025 \*\*150.00 *MRS*

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

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0390430

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	GLASSIE, DONELSON C.	CHRISTIE'S LANDING	NEW PORT RI

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAAVEDRA, JOSE A.  
% SAAVEDRA & MANGUART, P.A.  
1428 BRICKELL AVE., MAIN FLOOR  
MIAMI FL 33131

Name *Jose A. Saavedra, Esq.*  
Street Address (P.O. Box Number is Not Acceptable)  
*9400 S. Dadeland Boulevard*  
Suite, Apt. #, Etc.  
*Penthouse 5*  
City *Miami* State **FL** Zip Code **33156**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

*11/20/03*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E040 (7/03)

232

**MAJESTIC STEAMSHIP LINES, INC.  
CHRISTIE'S LANDING  
NEW PORT, RI 02840**

November 29, 2003

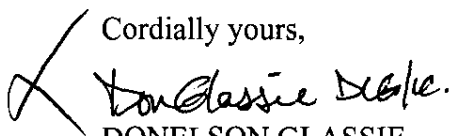
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

RE: REINSTATEMENT OF MAJESTIC STEAMSHIP LINES, INC.  
Document No.: L 41584

Dear Sir/Madam:

Enclosed is the Reinstatement Form pertaining to MAJESTIC STEAMSHIP LINES, INC. Apparently you mailed the Annual Report to the Registered Agent's old address and they never received it. Accordingly, we never received the Annual Report. We have also enclosed a check for \$150 in payment of the annual report fee for the year 2003. Please reinstate the corporation and correct your records to reflect that MAJESTIC STEAMSHIP LINES, INC., is current with their annual fees.

Cordially yours,



DONELSON GLASSIE  
President of Majestic Steamship Lines, Inc.