

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

00 DEC 14 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 79694

1. Corporation Name

Ship Construction & Funding Services (USA), INC.

2. Principal Office Address
c/o of Michael Schalit

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3250 Mary St., Ste. 207

City & State

City & State

Coconut Grove, FL. 33133

Zip
33133

Country
USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/12/90

5. FEI Number
222547968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael Schalit

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

9200 S. Dadeland Blvd., Ste. 517

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

300003524059--8

-01/04/01--01104--017

****758.75 ****758.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 12/12/00

Michael Schalit

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Michael Schalit	10078 S.W. 125th Street	Miami, FL
Secretary	Elie Schalit	Two Grove Isle Dr., #1810	Miami, FL. 33133

REINSTATEMENT 2000

10. 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

Michael Schalit, President

Date

Daytime Phone #

12/12/00 (305) 670-2360

CR2E081 (9/99)