

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -7 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34142**

1. Corporation Name

CHRISTIAN OVERSEAS SHIPPING, INCORPORATED

2. Principal Office Address - No P.O. Box #

2946 HOWLAND BLVD

Suite, Apt. #, etc.

City & State

DELTONA, FLORIDA

Zip

32738

Country

USA

3. Mailing Office Address

PO Box 391405

Suite, Apt. #, etc.

City & State

DELTONA, FLORIDA

Zip

32739

Country

USA

600148976766
04/07/09--01032--005 **498.75

GB2F081 (12/08)

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1989

5. FEI Number

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

DAVID A. VILLAUME

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

2830 SURF DRIVE

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32738

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived;
AND, WAIVED PER TELEPHONE.

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

David A. Villume
REGISTERED AGENT MUST SIGN

Date **02 APRIL 2009**

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
D	VILLAUME, DAVID A	2830 SURF DRIVE	DELTONA, FL 32738
D	VILLAUME, MARK L.	733 MORRILL STREET	GILFORD, NH 03249
D	AUGEZ, CHRISTOPHER T	101 GREEN STREET	WAYNESBORO, PA 17268

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 contained in Chapter 119, 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:

David A. Villume **DAVID A. VILLAUME**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 APRIL 2009

Date

386-561-1203

Daytime Phone #