

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
**Jul 11, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P00000029005

1. Corporation Name

AMERICAN CRUISE MANAGEMENT, INC.

2. Principal Office Address

1500 CORDOYA RD.

Suite, Apt. #, etc.

SUITE 212

City & State

FT. LAUDERDALE, FL

Zip

33136

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33207

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

03-21-2000

5. FEI Number

65-0993023

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

RONALD A. MARINI, ESQ.

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

2. S. BISCAYNE BLVD., SUITE 3580

Suite, Apt. #, Etc.

SUITE 3580

City

MIAMI

State  
FL

Zip Code

33131

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

*Ronald A. Marini*  
REGISTERED AGENT MUST SIGN

Date

6/27/02

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
DIRECTOR	MORTEN MATHIESEN	1500 CORDOYA RD., SUITE 212	FT. LAUDERDALE, FL 33136

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:

*Morten Mathiesen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/27/02

Daytime Phone #

CR2E081 (9/01)