

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 18 PM 6:54

DOCUMENT # P00000056738

1. Corporation Name

MIAMI SHIPPING COMPANY, INC.

Principal Place of Business

402 NE 95 STREET  
MIAMI SHORES FL 33138

Mailing Address

402 NE 95 STREET  
MIAMI SHORES FL 33138



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

690 SW 1ST. CT

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

690 SW 1ST. CT

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33130

Country

USA

Zip

33130

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/2000

5. FEI Number

65-1015831

Applied For

Not Applicable

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
D	BROWN, BRUCE L	402 NE 95 STREET	MIAMI SHORES FL 33138
D	BROWN, DOROTHY D	402 NE 95 STREET	MIAMI SHORES FL 33138
D	STORER, TERESA	402 NE 95 STREET	MIAMI SHORES FL 33138
<del>D</del>	<del>BOLAN, DONNA</del>	<del>402 NE 95 STREET</del>	<del>MIAMI SHORES FL 33138</del>
			200004661262--6
			-10/31/01--01061--008
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

BROWN, BRUCE L  
402 NE 95 STREET  
MIAMI SHORES FL 33138

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

15-Oct-01

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15-Oct-01 305-788-6411

AD

CR2040 (8/01)