


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION 01R REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

01 DEC -7 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000090555**

1. Corporation Name

CAVALIER SHIPPING, INC.

Principal Place of Business

Mailing Address

**8204 SW 81 TERRACE
MIAMI FL 33143**

**8204 SW 81 TERRACE
MIAMI FL 33143**

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

09/25/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 430837

5. FEI Number

☒ Applied For

City & State

City & State

MIAMI, FL

☐ Not Applicable

Zip

Country

Zip

Country

33243 USA.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	STEVEN VALER	P.O. Box 55-5743	NASSAU, BAHAMAS

200004719412--9

-12/11/01--01084--025

******150.00 ****150.00**

12/1

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PARKER, ROBERT L
8204 SW 81 TERRACE
MIAMI FL 33143**

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)

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CAVALIER SHIPPING, INC.

**P. O. Box 430837
Miami, FL 33243
Tel: 305-412-5151
Fax: 305-412-9983**

19 November 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

ATTN: Mr. Jay Kassees

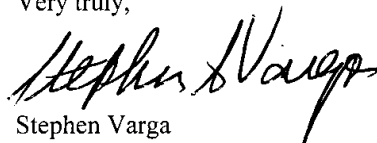
Dear Mr. Kassees,

I am enclosing herewith an APPLICATION FOR REINSTATEMENT for this company, duly completed. I am also enclosing my check in the amount of \$150.00 as the reinstatement fee required.

Please be advised that, for some reason unknown to me, I did not receive the ANNUAL REPORT/UNIFORM BUSINESS REPORT forms which I understand were supposed to have been mailed to the company.

Many thanks for your assistance.

Very truly,


Stephen Varga
President

SV:la

Enclosures