

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 20 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000023063

1. Corporation Name

Caribbean Sea Shipping Line, Inc.

600163501206
12/21/09--01045--001 **150.00

600163501206
12/10/09--01024--012 **150.00

W09-53826

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

c/o Albion Gp. 2520 NW 97 Ave.

Suite, Apt. #, etc.

110

City & State

Miami

Zip

33172

Country

USA

3. Mailing Office Address

c/o Albion Gp. 2520 NW 97 Ave.

Suite, Apt. #, etc.

110

City & State

Florida

Zip

33172

Country

USA

CR2E081 (11/09)

4. Date incorporated or Qualified
To Do Business in Florida

03-06-2001

5. FEI Number

223789480

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

Peter Santangelo

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

c/o Albion Gp. 2520 NW 97 Ave.

Suite, Apt. #, Etc.

110

City

Miami

State

FL

Zip Code

33172

☒ 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.

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

Peter Santangelo
REGISTERED AGENT MUST SIGN

Date 11-16-09

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
ST	Peter Santangelo	c/o Albion Gp. 2520 NW 97 Ave. Ste 110	Miami, FL 33172
V	Andy Titley	c/o Albion Gp. 2520 NW 97 Ave. Ste 110	Miami, FL 33172
PD	Bobby Teoh	c/o Albion Gp. 2520 NW 97 Ave. Ste 110	Miami, FL 33172

10. E-mail Address: peter@albiongroup.com

(To be used for future annual report notification)

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. I further certify, 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:

Peter Santangelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-09

Date

305 406 1000

Daytime Phone #

12/28
aw