

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000031506**

1. Corporation Name

**SEVEN SEAS TRUCKING INC.**

Principal Place of Business

Mailing Address

P.O. BOX 227338  
MIAMI FL 33122

P.O. BOX 227338  
MIAMI FL 33122

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/2001

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	O'DONNEL, BARBRA	10887 NW 17TH STREET	MIAMI FL 33172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KLAUS, KURT JR  
SUITE 502  
3191 CORAL WAY  
MIAMI FL 33145

Name **Kurt R Klaus Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3191 Coral Way**  
Suite, Apt. #, Etc. **Suite 402-A**  
City **Miami** State **FL** Zip Code **33145**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/13/2003

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

12/15/2003 3054614417

Daytime Phone #

REINSTATEMENT 2003



200025694972  
12/23/03--01002--018 \*\*758.75

FILED  
03 DEC 23 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2ED40 (7/03)