

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000062797

1. Corporation Name

OCEANAIR FREIGHT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

C/O 701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

C/O 701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131



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.

141 SEVERINO DR

141 SEVERINO DR

City & State

City & State

ISLAMORADA FL

ISLAMORADA FL

Zip

Zip

33036

33036

Country

Country

USA

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/2001

5. FEI Number

65-1116937

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
DPAS	COLE, GREG	701 BRICKELL AVENUE, SUITE 3000	MIAMI FL 33131
DVAS	KUPKE, PAUL	701 BRICKELL AVENUE, SUITE 3000	MIAMI FL 33131
DVPS	SKOLNICK, HARVEY	701 BRICKELL AVENUE, SUITE 3000	MIAMI FL 33131

500024329745
10/31/03-01027-004 **758.75

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

Name

PAUL KUPKE

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

141 SEVERINO DRIVE

Suite, Apt. #, Etc.

City

ISLAMORADA

State

FL

Zip Code

33036

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 10-26-03

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

10-26-03

Daytime Phone #

305-619-9047

CR2E040 (7/03)