

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT #

P01000065420

1. Corporation Name

ALLIED MARITIME INVESTMENT CORP

REINSTATEMENT 03-04

2. Principal Office Address

3795 NW South River Dr - Suite, Apt. #, etc.

3. Mailing Office Address

860 Coral Ridge Dr. Suite, Apt. #, etc.

City & State

Miami FL

City & State

Coral Springs

Zip

33142

Country

USA

Zip

FL

Country

33071

600035718866

05/06/04--01064--026 \*\*150.00

05/05/04 80011 012 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

7/2/2001

5. FEI Number

90-8802405

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

JOHN C. LOUIS

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

860 Coral Ridge Dr

Suite, Apt. #, Etc.

202

City

Coral Springs FL 33071

State

FL

Zip Code

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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

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
President	JOHN C. LOUIS	860 Coral Ridge Dr	Coral Springs FL 33071
V.P.	Mendoza Wilson	# RIVULET ROAD	COUVA, TRINIDAD, & TOBAGO

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

March 27<sup>th</sup>, 2004

**Annual Uniform Report- Reinstatement**  
**Allied Maritime Investments Corp**  
**Fei # 80-0033094**  
**Document Number P01000065420**

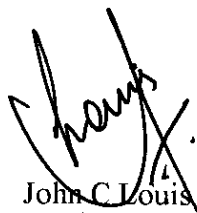
Dear Sir/Madame,

My corporation has been administratively withdrawn. However, I have never received the UBR report for the renewal in 2003.

Please accept check for \$150.00 for reinstatement fees for the year 2003.

Please do not hesitate to contact me if you need further information.

Yours truly,



John C. Louis  
Allied Maritime Investments Corp  
860 Coral Ridge Dr, Apt 202,  
Coral Springs, Florida 33071.  
Tel: 786 221 5592/ 786 399 3954.