

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000065420

1. Corporation Name

ALLIED MARITIME INVESTMENTS CORP.

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

1717 N BAYSHORE DR

Suite, Apt. #, etc.

SUITE: 1035

City & State

MIAMI FL

Zip

33132

Country

USA

3. Mailing Office Address

1717 N BAYSHORE DR

Suite, Apt. #, etc.

SUITE: 1035

City & State

MIAMI FL

Zip

33132

Country

USA

7. Name and Address of Current Registered Agent

Name

JAY J. ZAMBRANNA

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

1717 N BAYSHORE DR

Suite, Apt. #, Etc.

SUITE: 1035

City

MIAMI

State

FL

Zip Code

33132

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

Jay J. Zambranna
REGISTERED AGENT MUST SIGN

Date 03-25-2008

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
PD	JOHN C. LOUIS	1717 N BAYSHORE DR STE: 1035	MIAMI FL 33132
VP	JAY J. ZAMBRANNA	1717 N BAYSHORE DR STE: 1035	MIAMI FL 33132

03/27/08

900121425859
03/27/08--01012--005 **300.00

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 contained in Chapter 119, 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:

Jay J. Zambranna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-25-2008

Date

Daytime Phone #

FILED

08 MAR 27 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2001

5. FEI Number
80-0033094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.