

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **902000048857**

1. Corporation Name

Miami Maritime Group, Inc.

2. Principal Office Address

1621 NE Miami Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33136

Country

USA

3. Mailing Office Address

1621 NE Miami Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33136

Country

USA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

05-03-2002

5. FEI Number

☒ 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

Hayden and Milliken, P.A. Attn: Stephen C. Irick, Esq.

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

5915 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

Suite 63

City

Miami

State

FL

Zip Code

33146

100024499721

11/07/03--01009--023 **750.00

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

Date

10/28/03

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
DV	Poul V. Jensen	1621 NE Miami Court	Miami, Florida 33136
DP	Leif Griffin	1621 NE Miami Court	Miami, Florida 33136

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

10/31/03

Date

305-358-7455

Daytime Phone #

CR2E081 (10/02)