PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -5 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000071907

1. Corporate Name
Fourtrans Shipping & Chartering Inc.

REINSTATEMENT 03-05

EP

2. Principal Office Address	3. Mailing Office Address
151 N. Nob Hill Rd	SAME
Suite, Apt. #, etc 106	Suite, Apt. #, etc SAME
City & State Plantation, FL	City & State SAME
Zip / County 33324 / Broward	Zip / Country SAME / SAME

4. Date Incorporated or Qualified to Do Business in Florida: 7/1/02

5. FEI Number: 030466508 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Fee (Required for Certified Copy)

7. Name and Address of Current Registered Agent

Name: Nathaniel Abrams

Street Address (P.O. Box Number is Not Acceptable): 9830 NW 20th PL

Suite, Apt. #, Etc.:

City: Sunrise | State: FL | Zip Code: 33322

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 4-2-05

CR2E081 (9/98)

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
Pres.	Daniel Abrams Jr.	163 SW 96 Terrace	Plantation, FL 33324

000051140200
04/19/05--01006--009 **1058 75

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: Daniel A Abrams JR 4/2/05 954-472-1539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #