

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 14 PM 12:58

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 05-07  
CR2E081 (1/07)

DOCUMENT # P02000071907

1. Corporation Name

Fourtrans Shipping & Chartering Inc.

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

151 N. Nob Hill Rd

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

SAME

City & State

Plantation, FL

City & State

SAME

Zip

33324

Country

USA

Zip

33324

Country

USA

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 ☒

\$3.75 Additional Fee required  
for a Certificate of Status

**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

☐ 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.

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

REGISTERED AGENT MUST SIGN

Date 5/12/07

**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.	1140 SW 110th Terr.	Davie, FL 33324

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.

Daniel Abrams Jr.

SIGNATURE:

Daniel Abrams Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/12/07

Daytime Phone #

9546671253