

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -5 PM 3: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085335

1. Corporation Name
3600 Shipping Terminal, Inc.

3600 N W No. River Drive

2. Principal Office Address
3600 N W No. River Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Miami

Zip Country
33142 U.S.A.

Zip Country
33142 U.S.A.

REINSTATEMENT 03-09
05/30/04 90046 044 6550-00

4. Date Incorporated or Qualified To Do Business in Florida 08/07/2002
5. FEI Number 16-1620236 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
Dr. Lyts Renoit

Street Address (P.O. Box Number is Not Acceptable)
5510 N W 35th. Court

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33142

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]*
REGISTERED AGENT MUST SIGN

Date 07/14/2004

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	Simone B. Edouard	3600 N W No. River Drive	Miami, Florida 33142
Treas	Nancy Laguerre	3600 N W No. River Drive	Miami, Florida 33142
V/P	Nancy Laguerre	3600 N W No. River Drive	Miami, Florida 33142
Sec	Simone B. Edouard	3600 N W No. River Drive	Miami, Florida 33142

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09/05/04 01036-004 **608.75

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/14/2004 (305) 636-3601
Date Daytime Phone #

CR2E081 (01/04)