

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000023799

1. Entity Name
F & M SHIPPING CORPORATION



FILED

05 AUG 23 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9338 NW 114 TERRANCE ST.
ATTN: LUZ HERNANDEZ
HIALEAH GARDEN, FL 33018

Mailing Address
9338 NW 114 TERRANCE ST.
ATTN: LUZ HERNANDEZ
HIALEAH GARDEN, FL 33018

2. Principal Place of Business
9338 NW 114 Terrace
Suite, Apt., etc.

3. Mailing Address
9338 NW 114 Terrace
Suite, Apt., etc.

City & State
Hialeah Gardens
Zip 33018 Country Bada

City & State
Hialeah Gardens
Zip 33018 Country Bada



REINSTATEMENT 03-05

4. FEI Number
57-1159719

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERNANDEZ, LUZ
220 EAST 4TH ST., #6
HIALEAH, FL 33010

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (President) Luz Hernandez 08/19/2005
Signature typed in full name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, LUZ 220 EAST 4TH ST., #6 HIALEAH, FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, LUZ 220 EAST 4TH ST., #6 HIALEAH, FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUADRA, FRANCISCO 220 EAST 4TH ST., #6 HIALEAH, FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

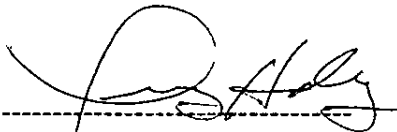
SIGNATURE: *[Signature]* (President) 08/19/2005 (805) 926-6600
Signature typed in full name of signing officer or director Date Daytime Phone #

F & M SHIPPING CORPORATION
9338 NW 114 TERRACE ST
HIALEAH GARDENS, FL 33018

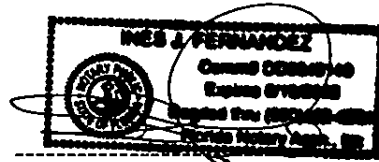
08/19/2005

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT THE CORPORATION DID NOT RECEIVE THE
PRIOR NOTICE FOR FILE THE PROFIT CORPORATION. IN ORDER TO
RESTATEMENT THE CORPORATION ENCLOSED PLEASE FIND ALL
INFORMATION AND FEE THAT YOU NEED.



PRESIDENT (LUZ HERNANDEZ)



NOTARY

SWORN AND SUBSCRIBED THIS 19th DAY OF August OF 2005
STATE OF FLORIDA
COUNTY OF DADE