2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2007
Secretary of State

DOCUMENT# P03000155940

Entity Name: MIAMI SHIPPING CONSULTANTS, INC.

Current Principal Place of Business:

1810 NW 78 AVE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

1810 NW 78 AVE
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 20-0504708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, KAREN
1810 NW 78 AVE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MARTIN OLSEN

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEWIS, KAREN
Address: 1810 NW 78 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MDIR ( ) Delete
Name: OLSEN, MARTIN MDIRECT
Address: 1810 NW 78 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OLSEN, KAREN L P
Address: 1810 NW 78 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MD (X) Change ( ) Addition
Name: OLSEN, MARTIN MD
Address: 1810 NW 78 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33024 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN OLSEN MD 10/10/2007

Electronic Signature of Signing Officer or Director Date