PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  | I LEASE HEAD   | ALL INOT                                    | 1100110110   | DEI OILE O   | OIIII EEII                                  | 110 1110 1 0 1 1                          |               |                    |  |
|--|--|---|--|--|---|---|---------------|--------------------|--|
| APF  | PLICATION AND AND AND AND AND AND AND AND AND AN       | FLORIDA                                     | A DEPARTMEN  | IT OF STATE  |   |   |               |                    |  |
| FOR .  |  |   | Secretary of S   | tato   | FILE  |   |               |                    |  |
|  |  |   | Secretary of S   |  |   |   |               |                    |  |
| DOCUMENT # P04000079090  |  |   |  |  | 2006 OCT 27 PM 5: 29                        |   |               |                    |  |
| 1. Corporation Name  |  |   |  |  | SECRETARY OF STATE                          |   |               |                    |  |
| TRANSZONE SHIPPING, INC.   |  |   |  |  | SECRETARY OF STATE TALLAHASSEE FLORIDA      |   |               |                    |  |
|  |  | ,   |  |  |   |   |               |                    |  |
| Principal Place of Business Mailing Address  |  |   |  |  |   |   |               |                    |  |
| 18459 Pines Blvd.Apt.140   |  |   |  |  |   |   |               | - di               |  |
| <del>Pambroke Pines,Fl. 33029</del>  |  |   |  |  |   | TATEMEN                                   | 11/1          | 7                  |  |
|  |  |   |  | R  | EMP   | I A LING LANG                             |               |                    |  |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.  |  |   |  |  |   | DO NOT WRITE IN THIS SPACE                |               |                    |  |
|  | ncipal Office Address, If Applicable NE ST.JAMES DRIVE | ng Address, If Applicable NE ST.JAMES DRIVE |  | Date Incorporated or Qualified     To Do Business in Florida |   |   |               |                    |  |
| Suite, Apt. #, etc. Suite, Apt. #,   |  |   | etc.   |  | Jay<br>5. FEI Number                        | 5. FEI Number Applied For                 |               |                    |  |
| Suire         #148         Suire           City & State         City & State   |  |   | #148   |  |   | 113902                                    |               | Not Applicable     |  |
| Port St.Lucie, FL Port Zip   Country   Zip   |  |   | Sr.Lucie,  | FL   | 6.  | 6. S375 Additional Representation         |               |                    |  |
| 34983  | UŚA  | 34983                                       | <u>USÁ</u>   |  | <b>L</b>                                    |   | (1078)        | Menco/Status       |  |
| 7. Names a   | and Street Addresses of Each Officer and               | or Director (Flor                           |  | tions must list at lea                                       |   |   |               |                    |  |
| Title(s)   | Name of Officers<br>and/or Directors                   |   | Officer and/or Director 3 (Do NOT Use Post Office Box N                        |  |   | City / State / Zip                        |               |                    |  |
| D  |  |   | 18459 Pine Blvd./  |  |   | Pembroke Pines, Fl.                       |               |                    |  |
| Secon  |  |   |  |  |   |   |               | 33129              |  |
| D  | ROGER ROUZIER  | #2 Avenue Marie Jean                        |  |  | Port au Prince-Haiti                        |   |               |                    |  |
| <b>P</b> '   | JEAN ROUZIER   |   | 5475 NE ST.JAMES DRIVE<br>#148   |  |   | Port St.Lucie, F1.349d3                   |               |                    |  |
| D  | ROGER ROUZIER  |   | #2 Avenue Marie Jean   |  |   | Port au Prince-Haiti                      |               |                    |  |
|  |  |   |  |  | 600<br>10/27/0                              | 600081268356<br>10/27/0601009008 **908.75 |               |                    |  |
| -  |  |   |  |  |   |   |               |                    |  |
|  | 8. Name and Address of Current Registered Agent        |   |  |  | 9. Name and Address of New Registered Agent |   |               |                    |  |
| JEAN ROUZIER   |  |   |  |  | EAN ROUZIER                                 |   |               |                    |  |
|  | NE ST.JAMES DRIVE<br>ST.LUCIE, FL. 3498                |   | Street Address (P.O. Box Number is Not Acceptable) 5475 NE ST.JAMES DRIVE #148 |  |   |   |               |                    |  |
| TORI   | 51, DOCTE, PD. 5490                                    |   |  | Suite, Apt. #, Etc.  |   | JO DRIVE HI-                              | <del>10</del> |                    |  |
|  |  |   | )  | City   |   |   | State   Zip C | ode                |  |
| ٠  |  | /_  |  | PORT ST  |   |   | FL   34       | 983                |  |
| 10. I, being   | g appointed the registered agent of the abo            | ove namyd corp                              | ration, am familiar wi   | th and accept the ol   | bligations of Sect                          | ion 607.0505, F.S.                        |               |                    |  |
| Signature of Registered Agent  |  |   |  |  | Date 0ct.23/06                              |   |               |                    |  |
|  | R  | EGISTIERED AG                               | ENT MUST SIGN  |  |   | <b>68 SSESSIONS</b> (1)                   | ICT O 17      | 2006               |  |
| 11 Da  | pes this corporation pay                               | any intano                                  | ible tax to th   | ie.  |   | AM AAMEDIS                                | 161 27        | 2005               |  |
| De   | ept. of Revenue under S.                               | No 2  | (See other   | er side for info<br>intangible ta:                           |   |   |               |                    |  |
|  | ·  |   | t  |  |   |   |               |                    |  |
| leace t  | ereby certify that the information supplied            | ity of non-compli                           | ance with Section 11   | 9.07(3)(k) in the eve  | ent that the inform                         | nation supplied is deemed                 | l exempt from | n public access. I |  |
| lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or truster 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 have been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all |  |   |  |  |   |   |               |                    |  |
| fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  |  |   |  |  |   |   |               |                    |  |
| Mount  |  |   |  |  |   |   |               |                    |  |