

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 27 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000082130

1. Corporation Name

U S MARINE TRANSPORT INC.

W10-2655

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

120 SW 62 COURT

Suite, Apt. #, etc

3. Mailing Office Address

120 SW 62 COURT

Suite, Apt. #, etc

City & State

MIAMI

City & State

FLORIDA

Zip

33144

Country

USA

Zip

33144

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/24/2004

5. FEI Number

201160176

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

MILTON GALVEZ

Street Address (P.O. Box Number is Not Acceptable)

120 SW 62 COURT

Suite, Apt. #, Etc

City

MIAMI

State

FL

Zip Code

33144

☒ 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.

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01/27/10--01003--010 **300.00

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 01/11/2010

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
PTS	MILTON GALVEZ	120 SW 62 COURT	MIAMI, FL 33144

REINSTATEMENT

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10. E-mail Address: carlosneroy1@yahoo.s

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

1/11/2010 986 275-4785