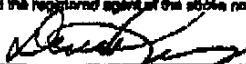


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000151406					
1. Corporation Name Denizabel Shipping, Inc 6903 W 36 Av Apt 202 Hialeah, FL 33018					
2. Principal Office Address 6903 W 36 Av Suite, Apt. #, etc. 202 City & State Hialeah FL Zip 33018 Country USA			3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country		
4. Date incorporated or Qualified To Do Business in Florida					
5. FID Number					☒ Adopted For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐					
7. Name and Address of Current Registered Agent					
Name Denizabel Ramirez					
Street Address (P.O. Box Number is Not Acceptable) 6903 W 36 Av					
Suite, Apt. #, Etc. 202					
City Hialeah State FL Zip Code 33018					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0503 or 817.0503, F.S.					
Signature of Registered Agent  Date 11/14/06					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Denizabel Ramirez	6903 W 36 Av #202		Hialeah, FL 33018	
VP	Isabel Ramirez	6903 W 36 Av #202		Hialeah, FL 33018	
10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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 contained in Chapter 119, 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:  Date 11/14/06					
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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B. WILSON NOV 16 2006

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

DENIZABEL SHIPPING, INC.

Certificate of Status	0
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