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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	3. Mailing Office Address
6903 W 36 av	Same
Suite, Apt. #, etc. 202	Suite, Apt. #, etc.
City & State Hialeah Fl.	City & State
Zip 33018 Country USA	Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☑ Applied 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 607.0505 or 617.0505, 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 reciever 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 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: _____ / Denizabel Ramirez 11/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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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Page Count	01
Estimated Charge	$900.00