

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000071534		
1. Entity Name SEAMAR FREIGHT LOGISTICS INC		

FILED
07 APR 30 AM 11:29

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7891 W FLAGLER STREET #259 MIAMI, FL 33144	Mailing Address 7891 W FLAGLER STREET #259 MIAMI, FL 33144
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2. Principal Place of Business - No P.O. Box # 9114 N.W. 164 ST	3. Mailing Address 9114 N.W. 164 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Lakes, FL	City & State Miami Lakes, FL
Zip 33018	Zip 33018
Country U.S.A.	Country USA



4. FEI Number 20-216 2056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERNANDEZ, JESSIE 7891 W. FLAGLER STREET #259 MIAMI, FL 33144	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

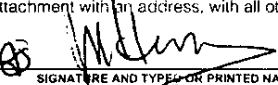
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, JESSIE R 7891 W. FLAGLER STREET #259 MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600103284036 05/25/07--01013--013 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/26/07 Date Daytime Phone #