

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 13 PM 1:17

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000004411

## 1. Corporation Name

Nisbett Caribbean Shipping, INC.

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

4700 W. Concord Ave

Suite, Apt. #, etc.

## 3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Orlando FL

City &amp; State

/

Zip

32808

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/13/09--01004--008 \*\*458.75

REINSTATEMENT 07-09<sup>KS</sup>

## 5. FEI Number

01-0853730

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

Harold Nisbett

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

7262 Hickory Branch Circle

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32818

☒ 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.

## 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

Harold Nisbett by LRB

REGISTERED AGENT MUST SIGN

Date March 8, 2009

## 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
P	Harold Nisbett	7262 Hickory Branch	Orlando, Fla 32818
VP	Gwen Nisbett	7262 Hickory Branch	Orlando, Fla 32818

10. 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 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:

Harold Nisbett (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/09 (407)822-1924

Date

Daytime Phone #

3/6/2009

I am requesting that the print statement be be dissolved  
and have enclosed amount for the 3 years. I did not  
receive prior notices because of an address change.  
Any additional information please call (408) 822-1924

Sincerely  
Harold Nesbitt (LB)  
President