

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC 22 AM 9:07
RECEIVED

DOCUMENT # P08000096036

1. Corporation Name

ADVANTAGE MARITIME, INC.

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

1800 BREAKERS WEST BLVD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33411

Country

USA

3. Mailing Office Address

1800 BREAKERS WEST BLVD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33411

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
10/24/2008

5. FEI Number

26-3597415

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID SPIEGEL

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

304 INDIAN TRACE

Suite, Apt. #, Etc.

502

City

WESTON

State

FL

Zip Code

33326

000280314410
12/22/15--01008--001 **1200.00

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

David Spiegel

REGISTERED AGENT MUST SIGN

Date 12/17/2015

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/D	JUAN CARLOS CORTEZ	1800 BREAKERS WEST BLVD	WEST PALM BEACH, FL 33411

REINSTATEMENT

DEC 22 2015

R. HUNT

10. E-mail Address: spiegelandassoc@aol.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Juan Carlos Cortez

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CARLOS CORTEZ

Date 12/18/2015

(561) 801-0045

Daytime Phone #

**JUAN CARLOS CORTEZ
1800 BREAKERS WEST BLVD.
WEST PALM BEACH, FL 33411**

December 18, 2015

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ladies and Gentlemen:

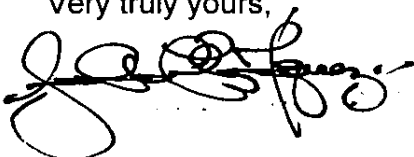
I am the Owner, President and Director of Advantage Maritime, LLC and on December 16, 2015, I filed Articles of Dissolution for the above entity (Document No. L14000138104), and have attached a copy.

As such, I am releasing the name of the above mentioned entity to expedite the reinstatement of my old company, Advantage Maritime, Inc. (Document No. P08000096036), which was administratively dissolved on September 28, 2012.

I understand the fee for reinstatement is \$1,200. and I have enclosed a check for that amount with the Corporation Reinstatement form.

Thank you for your understanding in this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Juan Carlos Cortez', with a horizontal line drawn through the middle of the signature.

Juan Carlos Cortez

DEC 22 2015

R. HUNT