

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000004707

**Entity Name:** AM SHIPPING INC

**FILED**  
**Mar 21, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1505 EL DORADO PARKWAY W.  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

1505 EL DORADO PARKWAY W.  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWANSON, ANGEL M  
1505 EL DORADO PARKWAY W.  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ANGEL SWANSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SWANSON, ANGEL M  
Address: 1505 EL DORADO PARKWAY W  
City-St-Zip: CAPE CORAL, FL 33914

Title: VP  
Name: KANE, MICHAEL O  
Address: 1505 EL DORADO PARKWAY W.  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANGEL SWANSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

03/21/2013

\_\_\_\_\_  
Date