

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26151

1. Corporation Name

CSX/SEA-LAND TERMINALS, INC.

Principal Place of Business

Mailing Address

301 WEST BAY ST.
JACKSONVILLE FL 32202

301 WEST BAY ST.
JACKSONVILLE FL 32202

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2 North Charles Street

Suite 1300

Baltimore, MD

21201

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1989

5. FEI Number

59-2863367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

SEE ATTACHED

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	TURNER, FRANK K. Lester M. Passa	301 WEST BAY STREET	JACKSONVILLE FL
T DT	CHAUDHURI, ASOK K	301 W BAY STREET	JACKSONVILLE FL
DS S	HOFFMANN, MARK S	301 WEST BAY STREET	JACKSONVILLE FL
D	SORROW, RONALD T Michael G. Peterson	200 INTERNATIONAL CIR 301 West Bay Street	LUTHERVILLE MD Jacksonville, FL 32202
D	SORROW, RONALD T	301 W. BAY STREET	JACKSONVILLE FL
AS	HARVEY, BRENDA K.	400 NORTH CHARLES STREET 2 North Charles St., Ste. 1300	BALTIMORE MD 21201

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, etc.

City

State

Zip Code

8000002726808-7
-12/30/98--01072--016
***750.00 ***750.00

REINSTATEMENT

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Vicky Goldstein

Vicky Goldstein

Date

12/18/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Brenda K. Harvey

Brenda K. Harvey

12/16/98 (410) 613-6307

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)