

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 # **P36203**

1. Corporation Name

FLEET TRADE & TRANSPORT (U.S.A.) LTD. CORP.

Principal Place of Business

**85 BROAD STREET
NEW YORK NY 10004**

Mailing Address

**85 BROAD STREET
NEW YORK NY 10004**

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3624684

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CD C/D	HENDEL, STEPHEN M. VANCE, LEE G.	%85 BROAD STREET	NEW YORK NY
D C/D	SEMLITZ, STEPHEN M. COHN, GARY D.	%85 BROAD STREET	NEW YORK NY
ST	FERBER, LAURIE R.	%85 BROAD STREET	NEW YORK NY
V	BRUSH, JAMES F	%85 BROAD STREET	NEW YORK NY
V AS/S	STRONG, MICHAEL K. MC HUGH, JAMES B.	%85 BROAD STREET	NEW YORK NY
AST T	STECHER, ESTA E	%85 BROAD STREET	NEW YORK NY

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

408002561324-7

06/16/98-01094-011

******300.00 ****300.00**

State
FL

Zip Code

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

Connie Bryan

Date **6-10-98**

REGISTERED AGENT MUST SIGN

Connie Bryan, Asst. Secretary

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:

Laurie R. Ferber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/98

Date

902-5746

Daytime Phone #

FILED

98 JUN 10 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98
ad

CR2E040 (8/97)