

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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02 JUL 16 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00

REINSTATEMENT 01-02

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P36355					
1. Corporation Name International Shipping Bureau 1310 NW 18 Avenue Miami, Fl 33125					
2. Principal Office Address 1310 NW 18 Avenue Suite, Apt. #, etc. City & State Miami, Fl Zip 33125			3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country USA		

4. Date Incorporated or Qualified To Do Business in Florida June / 1988	
5. FEI Number 222-886213	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Rene Padilla	
Street Address (P.O. Box Number is Not Acceptable) 1310 NW 18 Avenue	
Suite, Apt. #, Etc.	
City Miami	State FL
	Zip Code 33125

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****750.00 ****750.00

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 <i>Rene Padilla</i>	Date 4/25/02
REGISTERED AGENT MUST SIGN	

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
MGRM	Padilla, Julian	1310 NW 18 Avenue	Miami, Fl 33125
MGRM	Padilla, Robert	1310 NW 18 Avenue	Miami, Fl 33125

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 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: <i>[Signature]</i>	Date 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # 305-326-7200	

CR2E081 (9/01)