PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P93000018252 DOCUMENT

1. Corporation Name

BRICKELL SHIPPING CORP

IL IDHS
1

01 NOV 13 PM 1:33

			V 1111.							
Principal Place of Business Mailing Addr					ess		\dashv			
MIAMI FL 33130				832 ALFONSO AVE MIAMI FL 33146 US			BEIRZIGIEMEM 0			
If above a	addresses are i	ncorrect in any	way, line th	rough incorrect i	nformation a	nd enter correction below				
			New Mailing Office Address, If Applicable			4. Date Incor To Do Bus	Date Incorporated or Qualified To Do Business in Florida 03/10/1993			
Suite, Apt.	e, Apt. #, etc. Suite, A			Suite, Apt. #	, etc.				Applied For	
City & Stat	City & State Cit							65-0393995 Not Applicable		
Zip Country			Zip		Country	CERTIFICAT	CERTIFICATE OF STATUS DESIRED S8.75 Additional F			
7. Names	and Street Ado	resses of Eacl	n Officer and	or Director (Flo	orida nonprof	it corporations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors				3	Street Address of E Officer and/or Direct			City / State / Zip	
٥, ٩	BRICKELL, WILLIAM O			832 ALFONSO AVE.		CORAL GABLES FL 33146				
V Marjorie Brechet				Bell 10.0	832	alfons a	ive	Coral Gabi	1 = 1/3314	
							· 			
· · ·					37 % (效, 少		5	5000047008250 -11/30/0101070011		
 :	-					<u> </u>			****750.00	
*									i	
							DO11	129		
8. Name and Address of Current Registered Agent					9. Name and	9. Name and Address of New Registered Agent				
		_				Name				
GALLAGHER, ROBERT É JR. 2200 MUSEUM TOWER Street Address (F					(P.O. Box Numbe	P.O. Box Number is Not Acceptable)				
150 WEST FLAGLER ST.						Suite, Apt. #, I	tc.			
MIAMI FL 33130						City		State	Zip Code	
10. I, being	g appointed the	registered age	ent of the abo	ove named corpo	oration, am fa	amiliar with and accept the	obligations of Sec	tion 607.0505, F.S.		
		4							{	
Signature o	of '		SINI (A)			OURED	i	interlat		

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN

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 filting 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

Daytime Phone #