

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -8 AM 9:15

DOCUMENT # P93000065719

1. Corporation Name

JAN GISHOLT SHIPPING, INC.

2. Principal Office Address

14411 COMMERCE WAY

Suite, Apt. #, etc.

410

City & State

MIAMI LAKES, FL

Zip

33016

Country

DADE

3. Mailing Office Address

14411 COMMERCE WAY

Suite, Apt. #, etc.

410

City & State

MIAMI LAKES, FL

Zip

33016

Country

DADE

REINSTATEMENT 78-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

SEPTEMBER 16, 1993

5. FEI Number

65-0437928

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HANS LAUE

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

14411 COMMERCE WAY,

Suite, Apt. #, Etc.

410

City

MIAMI LAKES,

State

FL

Zip Code

33016

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

Hans Laue

Date

12/7/00

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
PRESIDENT	HANS LAUE	14411 COMMERCE WAY, SUITE 410	MIAMI LAKES, FL 33016

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:

Hans Laue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/7/00

Daytime Phone #

3055589900

CR2E081 (9/99)