PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 15 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076K4

1. Corporation Name
K & M SHIPPING INC.

REINSTATEMENT 97

Principal Place of Business	Mailing Address
P.O. Box 170360 Miami Fl. 33017	P.O. Box 170360 Miami Fl. 33017

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

4. Date Incorporated or Qualified To Do Business in Florida 9-28-1993

5. F.E.I. Number 65-0488315 ☐ 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)

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
P.T.	Joseph E KETANT	1290 N.W 120 Street	Miami Fl. 33167
VP	Samir MOURRA	8515 NW 166 Terrace	Miami Fl. 33016
S	MARIE JEANNE KETANT	1290 N.W. 120 Street	Miami Fl. 33016

12-16-97

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-12/26/97--01115--002
**758.75

8. Name and Address of Current Registered Agent

JACK DRUCKMAN ESQ.
3443 SW 53rd COURT
Ft. Lauderdale Fl. 33312

9. Name and Address of New Registered Agent

Name: SAMIR G MOURRA
Street Address (P.O. Box Number is Not Acceptable): 8515 NW 166 TERR
Suite, Apt. #, Etc.:
City: Miami | State: FL | Zip Code: 33016

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: Samir G Mourra — REGISTERED AGENT MUST SIGN — Date: 12-12-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Samir G Mourra — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 12-12-97 — Daytime Phone #: 305-636-3919

CR2E042 (12-96)