

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 19 AM 9:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000037096

1. Corporation Name

WING BRIDGE SHIPPING CO.

100003447041--8
--11/01/00--01053--014
***750.00 ***750.00

2. Principal Office Address

1016 Clemons St.

Suite, Apt. #, etc.

Suite 403

City & State

Jupiter, FL 33477

Zip

33477

Country

USA

3. Mailing Office Address

1016 Clemons St.

Suite, Apt. #, etc.

Suite 403

City & State

Jupiter, FL 33477

Zip

33477

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1994

5. FEI Number

52-1716344

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

ROBB R. MAASS

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

321 ROYAL POINCIANA PLAZA, SOUTH

Suite, Apt. #, Etc.

City

PALM BEACH

State

FL

Zip Code

33480

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

Date

10/16/00

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
DPST	FIRING, CRAIG	1016 Clemons St., STE 403	JUPITER, FL 33477

10. I certify that I am an officer or director of 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:

CRAIG FIRING, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00
Date

Daytime Phone #

KE