

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 98-02

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 94000077808

1. Corporation Name  
NAUTICA SHIPPING & MARINE ENTERPRISES INC.

2. Principal Office Address  
7220 NORTHWEST 36<sup>TH</sup> ST.  
Suite, Apt. #, etc. 105  
City & State MIAMI FLA.  
Zip 33166 Country U.S.A.

3. Mailing Office Address  
7220 NORTHWEST 36<sup>TH</sup> ST.  
Suite, Apt. #, etc. 105  
City & State MIAMI FLA.  
Zip 33166 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 10-24-1994

5. FEI Number 65-0530873 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  Additional Fee required Level 1 Certificate of Status

7. Name and Address of Current Registered Agent

Name SALVADOR CASTRILLO

Street Address (P.O. Box Number is Not Acceptable)  
1099 N.E. MIAMI COURT RD. 33137

Suite, Apt. #, Etc. 11

City MIAMI State FL Zip Code 33137

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 Salvador Castriello REGISTERED AGENT MUST SIGN Date SEPT. 16, 2002

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
PT	SALVADOR CASTRILLO	1099 N.E. MIAMI COURT RD.	MIAMI FLA. 33137
VP	PEDRO LEUSIL BEDOYA	7220 N.W. 36 <sup>TH</sup> ST.	MIAMI FLA. 33166
SECT.	JOSE FITATA	2468 N.W. 33 <sup>RD</sup> ST.	MIAMI FLA. 33142
D	RICHARD BILLOU	20891 N.W. 28 AVE.	MIAMI FLA. 33056
D	JOHN JAIRO OLANO	8590 SW 8 <sup>TH</sup> STREET	MIAMI FLA. 33144

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: Salvador Castriello Sept. 16/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/16/02