


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>FILED</p> <p>97 JAN -2 AM 9:13</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																
<p>DOCUMENT # P940000 93271</p> <p>1. Corporation Name CARMEN'S AUTOMARINE TRANSPORT, INC.</p>		<p>REINSTATEMENT <i>all</i></p>																
<p>Principal Place of Business Mailing Address</p> <p>5096 SW 28th TERRACE FORT LAUDERDALE, FL 33312 (SAME)</p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																		
<p>2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable</p> <p>Suite, Apt. #, etc. Suite, Apt. #, etc.</p> <p>City & State City & State</p> <p>Zip Country Zip Country</p>																		
<p>4. Date Incorporated or Qualified To Do Business in Florida 12/23/94</p> <p>5. FEI Number 65-0550932 Applied For Not Applicable</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																		
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1 Title(s)</th> <th style="width:30%;">2 Name of Officers and/or Directors</th> <th style="width:30%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">4 City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>FAVORTO, CARMEN JR.</td> <td>5096 SW 28th TERR</td> <td>FT. LAUDERDALE, FL 33312</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;"> 500002047905--8 01/07/97-01/05/012 ***375.00 ***375.00 </td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">JB1-3-97</td> </tr> </tbody> </table>			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	PD	FAVORTO, CARMEN JR.	5096 SW 28 th TERR	FT. LAUDERDALE, FL 33312				500002047905--8 01/07/97-01/05/012 ***375.00 ***375.00				JB1-3-97
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<p>8. Name and Address of Current Registered Agent</p> <p>PTC INTERNATIONAL, INC. 4611 S UNIVERSITY DR. STE 225 FT LAUDERDALE, FL 33328</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name MARK LUCIANI</p> <p>Street Address (P.O. Box Number is Not Acceptable) 7610 STERLING RD</p> <p>Suite, Apt. #, Etc. # E-104</p> <p>City HOLLYWOOD State FL Zip Code 33024</p>																
<p>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.</p> <p>Signature of Registered Agent <i>Mark Luciani</i> Date 12/15/96</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																		
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																		
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																		

SIGNATURE: *Carmen Favorto* 12-13-96 ²⁵⁴ 9634468

CRE040 (1/95)