

02/21/97

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 FEB 25 AM 7:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000013146

1. Corporation Name

BOLEAO SA (Shipping Agencies) Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

2441 NW 93 AVE

3. New Mailing Address, if Applicable

Suite, Apt. 1, etc.

Suite 104

Suite, Apt. 1, etc.

City & State

MIAMI Florida

City & State

Zip

33172

Country

PAPE

Zip

Country

4. Day Incorporated or Chartered
To Do Business in Florida

February 14, 1995

5. FBI Number

65-0557816

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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	CHARALAMBOS VARDOKAS	2441 NW 93 AVE	MIAMI, FL 33172
V	NIKOLAOS ATHANASSIADIS	2441 NW 93 AVE	MIAMI, FL 33172

700002087607--5
-02/25/97--01151--008
\$14915.00 \$14915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name CHARALAMBOS VARDOKAS

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

6230 S.W. 76 Street

Suite, Apt. 1, etc.

City MIAMI

State FL Zip Code 33143

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 907.0005, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date Feb 21.97

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 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(2)(b), Florida Statutes, less the Division of Corporations from any liability of non-compliance with Section 119.07(2)(b) in the event that the information is not so exempted. I further certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in Chapter 887 or 817, F.S. I further certify that this reinstatement application and the reason for dissolution has been eliminated, the corporate name satisfies the requirements in Section 807.205(1) or 817.205(1), F.S., and fees owed by the corporation have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if under oath.

SIGNATURE

NIKOLAOS ATHANASSIADIS 2/21/97 (805) 994-7992

SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR

POOR ORIGINAL