

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 24 AM 7:20

DOCUMENT #

1. Corporation Name

ITALIAN SEAWAYS INTERNATIONAL, INC.

9251 NW 100th Street

Pgs 0000 39584

REINSTATEMENT 03-04

2. Principal Office Address

9251 NW 100th Street

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/18/1995

5. FEI Number
650592355

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

Alexis Roldos

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

9251 NW 100th Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33178

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

REGISTERED AGENT MUST SIGN

Date 06/21/04

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 |
|--------|--------------------------------------|---|--------------------|
| Pres. | Alexis Roldos | 9251 NW 100th Street | Miami, FL 33178 |
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/24/04
Date

786-853-4235
Daytime Phone #

CR2061 (01/04)

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