

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000045949**

1. Corporation Name

FLAG VESSEL AGENCY INC.

Principal Place of Business

~~200 ALTON ROAD, AP 602~~
~~MIAMI BEACH FL 33139~~

Mailing Address

200 ALTON ROAD, AP 602
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

3290 NW S. RIVER DR.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33142

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1995

5. FEI Number

65-0614829

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	GIL, AIDA R	200 ALTON ROAD, AP 602	MIAMI BEACH FL 33139

600002124566-- 1
-03/26/97--01070--005
***923.75 ***923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIL, AIDA R
200 ALTON ROAD, AP 602
MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Aida R. Gil
REGISTERED AGENT MUST SIGN

Date **3-19-97**

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 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:

Aida R. Gil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97 3056356502
Date Daytime Phone #

CR2040 (7/95)