

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000037714		
<p>1. Corporation Name Anchor Shipping Co.</p>		

2. Principal Office Address 1031 Ives Dairy Rd		3. Mailing Office Address 6050 NW 3rd St	
Suite, Apt. #, etc. 228		Suite, Apt. #, etc.	
City & State North Miami Beach, FL		City & State Miami, FL	
Zip 33179	County Miami-Dade	Zip 33126	County Miami-Dade

[Signature]
REINSTATEMENT 08-05

4. Date Incorporated or Qualified To Do Business in Florida		04/19/1996
5. FEI Number 65 066 4140		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent			
Name Alfred Hernandez			
Street Address (P.O. Box Number is Not Acceptable) 6050 NW 3rd Street			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33126

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

Alfred Hernandez Date 08/11/2005

CR2E081 (01/05)

REGISTERED AGENT MUST SIGN

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	Alfred Hernandez	6050 NW 3rd Street	Miami, FL 33126
VP	Alfred B. Hernandez	6175 W 20 th Ave, #101	Hialeah, FL 33012
			600058600066 08/15/05-01073--003 **1058.75

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:

Alfred Hernandez, President 8/11/05 (305) 302-2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #