

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

1. Corporation Name

96000083765
SANTIAGO SHIPPING AND Export, Inc

FILED

98 JAN 16 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1565 B NW 88th Ave
MIAMI - FL 33172-2603

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0708059

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	ELEANOR FERNANDEZ	1565-B NW 88 th Ave MIAMI - FL 33172	MIAMI, FL 33172
D	FIDEL E. CASTRO	Same	Same
			800002406478--6 -01/21/98--01055--001 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELEANOR FERNANDEZ
1565-B NW 88th Ave
MIAMI - FL 33172

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

REGISTERED AGENT MUST SIGN

Date

1/12/98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/97

Date

305-640-9838

Daytime Phone #

(2)

TAX PREPARER OF AMERICA

ANTONIO VASANO
TAX PREPARER
940 LINCOLN ROAD MALL SUITE 204
MIAMI BEACH, FL 33139 USA

Telephone 305-532-1098
Fax 305-532-1098

12/30/97

Secretary of state
Division of Corporation
P.O. Box 6327
TALLAHASSEE, FL 32314

Dear SIR:

ReF:
SANTIAGO SHIPPING
AND Export, MC
65-0708054
Application For
Reinstatement
Year 1997 (Annual Report)

This is to say that
We never got our Annual Report Form 1997.
Please Accept the regular Fee of \$165.00
because we no received your form.

Thank you,

Respect Fully,

X 
ELEANOR FERNANDEZ
President

Note: check \$165.00 to
Secretary of state