

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 PM 7:15

DOCUMENT # P97000004175

1. Corporation Name

4 SEAS INTERNATIONAL SHIPPING, INC.

Principal Place of Business

1919 NW 19TH ST
204A
FORT LAUDERDALE FL 33311
US

Mailing Address

1919 NW 19 ST
204A
FORT LAUDERDALE FL 33311
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1997

5. FEI Number

65-0734281

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 3	City / State / Zip 4
D	NIEMANN, RICKY	1919 NW 19TH ST, 204A	FORT LAUDERDALE FL 33311
VP	VANDERSPEK, YOLANDA	1919 NW 19TH ST #204A	FT LAUDERDALE FL 33311
S	STOVER, YASMIN E	1919 NW 19TH ST. 204 A	FORT LAUDERDALE FL 33311
			600004661336--4 -10/31/01--01064--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LAVRICH, MELODY R E A
3990 SHERIDAN STREET
SUITE 108
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

YOLANDA VAN DER SPEK

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

1919 N.W. 19th Str.

Suite, Apt. #, Etc.

204A

City

FT. LAUDERDALE

State

FL

Zip Code

33311

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

Yolanda Van Der Spek
REGISTERED AGENT MUST SIGN

Date 10-15-2001

AD

11. 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:

Yolanda Van Der Spek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YOLANDA VAN DER SPEK

Date

Daytime Phone #

PHONE: 954 525 7431

10-15-2001

CR2E040 (8/01)