

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 25 PM 3:43

DOCUMENT #

P97000064650

1. Corporation Name

REMESAS COSTAMAR OF FLORIDA, INC.

2. Principal Office Address

1421 Oakland Park Blvd

3. Mailing Office Address

1177 George Busch Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

City & State

Fort Lauderdale, FL

City & State

Delray Beach, FL

Zip

33306

Country

Broward

Zip

33483

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

7/25/97

5. FEI Number

65-0775858

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

Gerardo Concas

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

1800 South Ocean Blvd

Suite, Apt. #, Etc.

1010

City

Pompano Beach

State

FL

Zip Code

33062

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

Gerardo Concas

REGISTERED AGENT MUST SIGN

Date 5/21/01

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
CEO	Gerardo Concas	1800 South Ocean Blvd	Pompano, FL 33062

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/21/01

Date

(561) 279-0555

Daytime Phone #

CR2E081 (9/99)