PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000021179

1. Corporation Name

CENTURY OVERSEAS INC

500320241835
10/26/18--01001--006 **1500.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
785 CRANDON BLVD	785 CRANDON BLVD
Suite, Apt. #, etc UNIT 706 CT2	Suite, Apt. #, etc UNIT 706 CT2
City & State KEY BISCAYNE , FLORIDA	City & State KEY BISCAYNE , FLORIDA
Zip / County 33149 / U.S.A.	Zip / County 33149 / U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — 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
CORPORATE ACCESS INC

Street Address (P.O. Box Number is Not Acceptable)
236 E 6TH AVE

Suite, Apt. #, etc.

City: TALLAHASSE | State: FL | Zip Code: 32303

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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: Danny Burnett
REGISTERED AGENT MUST SIGN

Date: 10-25-18

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
D	NATHALIE MAQUINAY	785 CRANDON BLVD , UNIT 706 , CT2	KEY BISCAYNE FL 33149

Y SULKER
OCT 26 2018

10. **E-mail Address:** nmaquinay@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: N. Maquinay — NATHALIE MAQUINAY — OCT 22 2018 — 305 361 2071
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 10/25

- ☐ **CERTIFIED COPY** _____
- ☑ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☑ **FILING** Reinstatement

1. Century Overseas Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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RECEIVED
OF STATE

SPECIAL INSTRUCTIONS: _____