PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		ALL MOTROCTIONS BEFOR	L COIVII EL	TING THIS FORM,
	RPORATION NSTATEMENT	FLORIDA DEPARTMENT OF STA	TE	FILED
KEIR		Secretary of State Sision of Corporations		02 0CT 30 AN 8: 09
.	UMENT#			SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Corpoi	STELLAR M	ARITIME THE		
STELLAR MARITIME, INC. P98000074370				00008697369 30/0201048016 **158.75
2. Principal Office Address P.O. BOX 330-356 P.O. BOX 330-356			6	
Suite, Apt. #, etc. Suite, Apt. #, etc.				proprated or Qualified
City & State	le .	City & State	To Do Bu	siness in Florida 8/20/98
47/4	ANTIC BEACH FL	ATLANTIC BEACH, F	2 5. FEI Numb	Applied For Not Applicable
<u> 3</u> 2	233 USA	32233 USA	6. CERTIFICAT	TE OF STATUS DESIRED 38.75 Additional Fee required for a Certificate of Status
-	None	7. Name and Address of Current Reg	jistered Agent	
DOMINICK BISBANO				
Street Address (P.O. Box Number is Not Acceptable) 1889 BEACH AVENUE				
	Suite, Apt. #, Etc.		······································	
	City ATLANTIC	RENCH		State Zip Code
8. I, being		ove named corporation, am familiar with and accept t	he obligations of sect	
Signature o Registered	of the same is a	EGISTERED AGENT MUST SIGN		ion 607.0505 or 617.0503, F.S. Date 10/29/02
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 Officer and/or Dir	Each ector	City / State / Zip
	DOMINICK BK	BAND/889 REACH	AVENUE	ATLANTIC REACH EL
		973,007 (27,137)	11-1446	52233
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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 filling 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 Date Daytime Phone #				
DOMINICK BISBAND				

October 29, 2002

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Corporation Reinstatement

Attention Review Board:

I did not receive a filing status renewal notice for the year 2002. I ask the review board to waive the reinstatement fee for late filing for Stellar Maritime, Inc.

Enclosed is a check for \$158.75 to cover the cost of the 2002 filing report. Thank you for your prompt attention in this matter.

Sincerely,

Dominick Bisbano

Pesident

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27.77