PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Annual Report

CORPORATION REINSTATEMENT

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

FILED
02 MAY -1 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name: Oconto Shipping Lines, inc
P98000075119

2. Principal Office Address	3. Mailing Office Address
150 E. Sample Rd	195 Alexander Palm Rd
Suite, Apt. #, etc.: Suite 300A	Suite, Apt. #, etc.:
City & State: Pompano Beach	City & State: Boca Raton, Fl.
Zip: Fl. Country: USA	Zip: 33424 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 8/28/98

5. FEI Number: 65-0859952 (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: DAVID A. Silverstone, Esq.
100005556901--5
05/17/02--01031--015
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 5740 Hollywood BLVD

Suite, Apt. #, Etc.: Suite 300

City: Hollywood State: FL Zip Code: 33021

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PTSD	Arne M Jorgensen	195 Alexander Palm Rd	Boca Raton, Fl. 33432

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: _____ 4/29/02 561.859.4501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 5/1/02