## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION								
FOR								
EINSTATEMEN1								



## FLORIDA DEPARTMENT OF STATE Katherine Harris

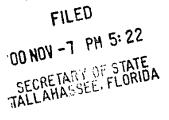
Secretary of State

DIVISION OF CORPORATIONS

P98000092196 **DOCUMENT#** 

1. Corporation Name

NEWBAY SHIPPING, INC.



5301 BLUE LAGOON. SUITE 470 5301				Mailing Address 5301 Blue Lagoon. Suite 470 Miami Fl 33126						
If above a	addresses are	incorrect in any way, line th	rough incorrect in	formation and enter	correction below.					
		Address, If Applicable	3. New Maili	ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     10/29/1998				
Suite, Apt. #, etc. Suite, Apt. #,				, etc.		5. FEI Numbe			Applied For	
City & Stat	te		City & State	City & State			65-0874103		Not Applicable	
Zip Country		Zip Cou.		ry	6. CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee refor a Certificate of St					
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flo	rida nonprofit corpor	ations must list at lea	ast 3 directors)				
Title(s) Name of Officers and/or Directors				Street A Officer a						
P				5301 BLUE LAG	E LAGOON, SUITE 470		MIAMI FL 33126			
VPS	FEYRER, JOHN D.			5301 BLUE LAGOON, SUITE 470			MIAMI FL 33126			
					iewen	<u> 0</u>	1 78	.00 ***	*750.00	
	8. Nar	ne and Address of Curren	t Registered Ag	ent	Name and Address of New Registered Agent     Name					
ATCAPDETA MATUMIE						ss (P.O. Box Number is Not Acceptable)				
MIAMI FL 33126					Suite, Apt. #, Etc.					
					City			State Zip C	;ode	
Signature Registered	of d Agent	officer or director or the rec	REGISTERED AC	EREQUENT SIGN	UIRED	provided for in ch	Date	7 / 2 00	that when filing	
owed on this	by the cornors	oplication, the reason for distinct have been paid and the true and accurate, and my	e names of indivi-	duals listed on this fo	orm do not qualify fo	r an exemption u	s or section 07.0401 c	i), F.S. The info	omation indicated	

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