

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000093521

1. Corporation Name

DANAOS (USA), INC.

FILED

00 OCT 19 AM 10:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2441 N.W. 93RD AVE., S-103
MIAMI FL 33172

2441 N.W. 93RD AVE., S-103
MIAMI FL 33172

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2520 NW 97TH AVE.

2520 NW 97TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

SUITE 200

City & State
MIAMI FL

City & State
MIAMI FL

Zip 33172 Country USA

Zip 33172 Country USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1998

5. FEI Number

65-0875949

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	THEODOSSIOU, DIMITRIOS	5224 NW 103 AVE	MIAMI FL 33178
V	ATHANASSIADIS, NIKOLAOS	5224 NW 103 AVE	MIAMI FL 33178
			300003446913--7 -11/01/00--01053--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ATHANASSIADIS, NIKOLAOS A
2441 N.W. 93RD AVE., S-103
MIAMI FL 33172

Name

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

2520 NW 97TH AVE

Suite, Apt. #, Etc.

SUITE 200

City MIAMI

State FL

Zip Code 33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10/16/00

REGISTERED AGENT MUST SIGN

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/16/00

(305) 994 2120
Daytime Phone #

RE