

Pac 10/3

FILED

07 MAY -9 AM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P99000009250							
1. Corporation Name SHIP INDUSTRIAL GROUP, INC.							
Principal Place of Business				Mailing Address			
2. Principal Place of Business				3a. Date of Last Report			
21 120 Eglinton Avenue East				01/28/1999			
Suite, Apt. #, etc.				4. FBI Number			
22 Suite 500				None			
City & State				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 Toronto ON				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 M4P1E2							
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Paul Hines 205 Worth Ave, Suite 201 Palm Beach FL 33480				81 Name Corporate Creations Network Inc.			
				82 Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Road #221E			
				83			
				84 City Palm Beach Gardens FL 33410			
11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE				May 09, 2007 Jim Perkins, Assistant Secretary			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
Director J. Paul Hines 205 WORTH AVENUE, SUITE 201 Palm Beach, FL 33480				J. Paul Hines 120 Eglinton Avenue East, Suite 500 Toronto, ON M4P1E2			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.							
SIGNATURE				C. DeMaio, Attorney-in-fact for Paul Hines			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE			
				5/9/07			

REINSTATEMENT

561-694-8107

Re: SHIP INDUSTRIAL GROUP, INC.

Enclosed are the following:

1. Application for Reinstatement

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2000-2007

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____
by C. P. DeMaio as attorney-in-fact

Name: Paul Hines

Title: President

Date: _____

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

CORPORATION REINSTATEMENT
SHIP INDUSTRIAL GROUP, INC.

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