

PLEASE READ ALL INSTRUCTIONS BEFORE COMPI

8/6

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-06-2002 90131 018 ***158.75

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

P99000027497

1. Corporation Name

FIVE STAR SHIPPING, CORP.

2. Principal Office Address

30760 N.W. SOUTH RIVER DRIVE same as # 02

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

Country

33142

U.S.A.

3. Mailing Office Address

same as # 02

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0905684

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

JOSE BLAS MACHADO

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

3230 N.W. 19th terrace

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33125

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

REGISTERED AGENT MUST SIGN

Date **03 05 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 Each Officer and/or Director	City / State / Zip
PST	JOSE B. MACHADO	3230 NW 19TH TR	MIAMI FL 33125
	PST = PRESIDENT/SECRETARY/TREASURER		

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/01)



Attached

41652

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 18, 2002

FIVE STAR SHIPPING, CORP.
3076 N.W. SOUTH RIVER DRIVE
MIAMI, FL 33142

SUBJECT: FIVE STAR SHIPPING, CORP.
Ref. Number: P99000027497 

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

The annual report/uniform business report/reinstatement application must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 702A00016137

WE ARE ENCLOSING THE ANNUAL REPORT/UNIFORM BUSINESS REPORT, WHICH WE ARE COMPLETING WITH THE FEI NUMBER. KINDLY PLEASE ACCEPT OUR APOLOGY FOR THIS MISTAKE.