

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 22 AM 11:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000029113

1. Corporation Name

NICARAGUA LINE COMPANY

2. Principal Office Address

3795 S. River Dr.

Suite, Apt. #, etc.

City & State

MIAMI FLA.

Zip

33142

Country

USA

3. Mailing Office Address

3795 S. River Dr.

Suite, Apt. #, etc.

City & State

MIAMI Florida

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3-30-1999

5. FEI Number

65-0907193

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

GEROLD JEREZ

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

13262 SW 119 ter

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33186

300003912733-4

-03/27/01-01091-008

****908.75 ****908.75

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

GEROLD JEREZ

Date

03/21/01

REGISTERED AGENT MUST SIGN

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
P	GEROLD JEREZ	13262 SW 119 ter	MIA. FLA. 33186
VP.	FRANCIS JEREZ	13262 SW 119 ter	MIA FLA 33186

REINSTATEMENT 2000-01

[Signature]

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:

GEROLD JEREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/01

Date

305 496 0640

Daytime Phone #