

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
Division of Corporations

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # P99000033695

1. Corporation Name

SHIPCOURT (FLORIDA) INC.

Principal Place of Business	Mailing Address
1218 MARTINIQUE CT MARCO ISLAND FL 33937	1218 MARTINIQUE CT MARCO ISLAND FL 33937

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
XPK Treas.	SCHMIDT, MALWINE	1218 MARTINIQUE COURT	MARCO ISLAND FL 34145
VP Secr.	SCHMIDT, MONIKA	1218 MARTINIQUE CT.	MARCO ISLAND FL 34145
PK Pres.	SCHMIDT, MALWINE Schmidt, Wieland	1218 MARTINIQUE COURT	MARCO ISLAND FL 34145
			0000004745560-5 -12/31/01-01085-005 ***150.001 ***150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SCHMIDT, MALWINE 1218 MARTINIQUE CT. MARCO ISLAND FL 34145	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State _____ Zip Code _____

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

Monika Schmidt

REGISTERED AGENT MUST SIGN

Date 12/18/01

CR2E040 (8/01)

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: *Monika Schmidt* MONIKA SCHMIDT 12/18/01 348-8481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

941

208

Shipcourt (Florida), Inc.
1218 Martinique Court
Marco Island, FL 34145

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: 2001 Uniform Business Report, doc.#P99000033695..

Lady/Gentleman:

I am in receipt of the application for Reinstate for 2001. To my surprise, I received this reinstatement notice in November at my German address. This is the only time that I was made aware of the dissolution of the corporation. I did not receive the original document for the year 2001.

Enclosed please find my check #56 in the amount of \$150.00 and I respectfully request the reinstatement of Shipcourt (Florida), Inc.. I did not receive any prior notices or forms to be filed.

Sincerely Yours

Monika Schmidt

Monika Schmidt
Secretary

Alte Jakobstrasse 135
10696 Berlin
Germany
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