

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

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

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1999

5. FEI Number

65-0910715

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
XX Treas.	SCHMIDT, MALWINE	1218 MARTINIQUE COURT	MARCO ISLAND FL 34145
VP Secr.	SCHMIDT, MONIKA	1218 MARTINIQUE CT.	MARCO ISLAND FL 34145
XX Pres.	SCHMIDT, MALWINE Schmidt, Wieland	1218 MARTINIQUE COURT	MARCO ISLAND FL 34145

000004745560--S
-12/31/01--01085--005
150.000 \$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHMIDT, MALWINE
151 MONKEYSUCKLE AVE. 1218 Martinique Ct.
MARCO ISLAND FL 33937 34145

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

Malwine Schmidt
REGISTERED AGENT MUST SIGN

Date

12/18/01

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/18/01 348-8487

202

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

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

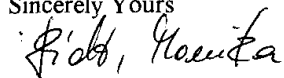
Re: 2001 Uniform Business Report, doc.#P99000033695..

Lady/Gentleman:

I am in receipt of the application for Reinstatement 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
Secretary

Alte Jakobstrasse 135
10696 Berlin
Germany
3.0