

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P99000039879**

1. Corporation Name

**BAHAMAS RO RO SERVICE, INC.**

Principal Place of Business

**3309 N.E. 37TH STREET  
FT. LAUDERDALE FL 33308**

Mailing Address

**3309 N.E. 37TH STREET  
FT. LAUDERDALE FL 33308**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/03/1999**

5. FEI Number

**65-0971971**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SHIELDS, LEBRON	3309 NE 37TH ST.	FORT LAUDERDALE FL 33308

**100004764611-1**  
**-01/10/02--01030--012**  
**\*\*\*\*750.00 \*\*\*\*750.00**

**LS**

8. Name and Address of Current Registered Agent

**SHIELDS, BOBBY L  
2350 N.W. 36TH AVENUE  
COCONUT CREEK FL 33066**

9. Name and Address of New Registered Agent

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

*Bobby L Shields*

REGISTERED AGENT MUST SIGN

Date

**12-26-2007**

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:

*Lebron Shields*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lebron Shields**

Date

**12-26-2007**

Daytime Phone #

**954-585-9600**

**FILED**

**01 DEC 28 PM 2:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

*2001*

CR2040 (8/01)