PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 APR 15 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000039879

1. Corporation Name

BAHAMAS RO RO SERVICE, INC

REINSTATEMENT 02-03

200016324942
04/18/03--01055--018 **150.00

2. Principal Office Address	3. Mailing Office Address
437 N E Bayberry Lane	437 N E BAYBERRY LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JENSEN BEACH, FL 32957	City & State: JENSEN BEACH, FL 32957
Zip: 32957 Country: USA	Zip: 32957 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 05-03-99

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. Name and Address of Current Registered Agent

Name: BOBBY L. SHIELDS

Street Address (P.O. Box Number is Not Acceptable): 2350 N W 36TH AVE.

Suite, Apt. #, Etc.:

City: COCONUT CREEK, FL 33066 State: FL Zip Code: 33066

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: Bobby Shields Date: 04-08-03
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
PRES	LEBRON SHIELDS	437 N E BAYBERRY LANE	JENSEN BEACH, FL 32957
SEC/TREAS	BOBBY L. SHIELDS	2350 N W 36TH AVE	COCONUT CREEK, FL 33066

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: LEBRON SHIELDS PRES 04-03-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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