OCT-11-2001 12:31 EMPIRE CORP 305 541 3770 P.01/01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

CORPORATION REINSTATEMENT

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

FILED
01 OCT 18 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000057087

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1. Corporation Name

SHADA CARGO SHIPPING INC

2. Principal Office Address	3. Mailing Office Address
18703 NW 10TH PL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33169 Country: USA	Zip Country

4. Date Incorporated or Qualified to Do Business in Florida

5. FEI Number: 650941315 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: DELOATCH, WALTER, JR
Street Address (P.O. Box Number is Not Acceptable): BISCAYNE BUILDING - SUITE 416
Suite, Apt. #, Etc.: 19 WEST FLAGLER, STREET
City: MIAM State: FL Zip Code: 33130

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: _____ Date: 10/10/01
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
PRES	VICTOR JOSEPH	18703 NW 10TH PL	Miami FL 33169
SECT			

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REINSTATEMENT 01

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: Victor Joseph 10/10/01 (954)430-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.01