

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 12 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **DAUD MARINE
SHIPPING AND TRADING,
Inc.
P99000084458**

1. Corporation Name

2. Principal Office Address

19321 NW 10 ST

3. Mailing Office Address

19321 NW 10 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33029

Country

Zip

33029

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/99

5. FEI Number

65-0949778

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

Nachia Schnoor

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

19321 NW 10 ST

Suite, Apt. #, Etc.

City

Pembroke Pines

State
FL

Zip Code

33029

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

03/05/02

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
D	Sherif Ali	19321 NW 10 ST	Pembroke Pines, FL 33029
D	Ladlan Handpoun	19321 NW 10 ST	Pembroke Pines, FL 33029

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:

[Signature] Sherif Ali

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/02

Date

(954)392-1100

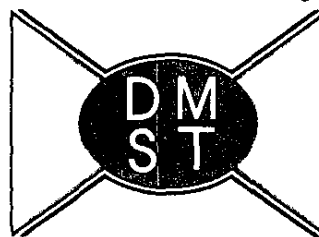
Daytime Phone #

CR2E081 (2/01)

13

DAOUD MARINE

Shipping & Trading INC.



www.DaoudMarine.com

Date 3/6/2002

Department of State
Division of Corporations

P.O. Box 63227
Tallahassee, FL 32314

Corporation Reinstatement

To whome it may concern

Dear Sirs,

I am writing to you as I was to told, to reason why payment was not submitted on time.

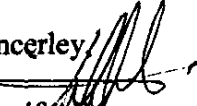
I have just found out that our company is in an inactive status. The reasons for this matter are unknown to me, nevertheless I might be able to assume what could have led to such an incident.

We have been registered, since the beginning, at the address 10855 sw 112th ave, Miami, 33176. This address was current until Aug. 2000. For six months after leaving this address, the mail was forwarded to the new address. Since we have paid the first time until Jan 2001 we have not received any request of payment. I am not even sure if I was to receive a notice or to it wass my duty to look after this matter.

We have been since 1999 in the US conduting business. Certain issues are still unfamiliar to some of us. As we have been paying and all necessary taxes licenses and fees, we thought that this was all required. And could not have known that we should have contacted you since we did not receive any payment notice from you. Out of whatever reason that might have happened.

I thank you in advance for your understanding and remain yours

Sincerley


Sherif Ali
Director

PLEASE UPDATE YOUR RECORDS BELOW NEW ADDRESS AND TEL. & FAX NUMBERS

19321 NW 10th ST
Pembroke Pines, FL 33029

DAOUDMARINEUSA@aol.com

Phone * (954) 392 1100
Fax: * (954) 392 1155