

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 23 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **F97000004774**

1. Corporation Name
Direct Container Line, Inc.

Handwritten initials

REINSTATEMENT 01-02

2. Principal Office Address 444 W. Ocean Blvd. Suite, Apt. #, etc. 1400 City & State Long Beach, CA Zip 90802		Country USA		3. Mailing Office Address 444 W. Ocean Blvd. Suite, Apt. #, etc. 1400 City & State Long Beach, CA Zip 90802		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 9/12/97	
5. FEI Number 953277084	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Tim Tudor

Street Address (P.O. Box Number is Not Acceptable)
7700 NW 81st Place

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33166

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~~***300.00 ***300.00~~

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 *1/16/02*

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
Dir.	Owen Glenn	444 W. Ocean Blvd., Suite 1400	Long Beach, CA 90802
Pres.	Owen Glenn	444 W. Ocean Blvd., Suite 1400	Long Beach, CA 90802
Sec.	James Molloy	444 W. Ocean Blvd., Suite 1400	Long Beach, CA 90802
Treas.	James Molloy	444 W. Ocean Blvd., Suite 1400	Long Beach, CA 90802

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]* **JAMES MOLLOY** 11-14-01 310 847 3236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)