

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -1 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061066

1. Corporation Name

MADURO DIVE FANTA-SEAS, INC.

REINSTATEMENT 03-08

300138328343
12/01/08--01044--024 **900.00
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

10800 BISCAYNE BLVD

3. Mailing Office Address

10800 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite ~~100~~ 630

Suite, Apt. #, etc.

Suite ~~100~~ 630

City & State

Miami, FL

City & State

Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1996

5. FEI Number
59-2043953

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

RICHARD A. MITSODA

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

10800 BISCAYNE BLVD

Suite, Apt. #, Etc.

SUITE ~~100~~ 630

City

MIAMI

State

FL

Zip Code

33161

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

x

R.A. Mitsoda

REGISTERED AGENT MUST SIGN

Date

11/25/08

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
PTS	RICHARD A. MITSODA	10800 BISCAYNE BLVD # 100 630	MIAMI, FL 33161

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 contained in Chapter 119, 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: x

R.A. Mitsoda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25/08

Daytime Phone #

305-981-9113

22 12/3