

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

FILED
 JUN 29 AM 9:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **427690**
 1. Corporation Name **Joe Seafood, Inc.**

Principal Place of Business Mailing Address
1175 SW 21 Ave.
Miami, Fl. 33135
W99000014101

REINSTATEMENT 92-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1469117	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Jose' Dopico	1175 SW 21 Ave.	Miami, Fl. 33135
Treas.	Eulalia Dopico	1175 SW 21 Ave	Miami, Fl. 33135
Secret.	Eulalia Dopico	1175 SW 21 Ave	Miami, Fl. 33135
			700002925487--0 -07/07/99--01071--021 ***1800.00 ***1800.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jose' Dopico
1175 SW 21 Ave
Miami, Fl. 33135

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **[Signature]**
 REGISTERED AGENT MUST SIGN

Date **6-22-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99
 Date
305 649-4159
2 p.m.
 Daytime Phone #

CR2ED081 (12/98)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 16, 1999

JOE SEAFOOD INC.
1175 SW 21 AVE
MIAMI, FL 33135

SUBJECT: JOE SEAFOOD INC.
Ref. Number: 427690

We have received your document for JOE SEAFOOD INC. and check(s) totaling \$1800.00. However, your check(s) and document are being returned for the following:

Due to the volume of mail received in this office both the annual report and the filing fee must be received by our office together in order to be processed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott
Document Specialist

Letter Number: 599A00032426