

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT 97 A/R</p> <p>FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p> <p>DO NOT WRITE IN THIS SPACE</p> <p>FILED</p> <p>97 JUL -7 AM 11:24</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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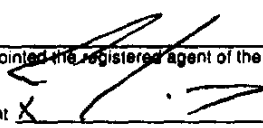
<p>1. Name and Mailing Address of Corporation: DOCUMENT # F87871</p> <p>MACHALA SEA PRODUCTS, INC. 5305 SW 149th PLACE MIAMI, FL 33185</p>	<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below:</p> <p>Address 5305 SW 149th PLACE</p> <p>City and State MIAMI, FL</p> <p>Zip Code 33185</p> <p>3. If Principle Office Address is different from mailing address, enter address below:</p> <p>Address</p> <p>City and State</p> <p>Zip Code</p>
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<p>4. Date Incorporated or Qualified To Do Business in Florida 6/25/82</p>	<p>5. FEI Number 59-2198791</p>	<p>FEI Number Applied For</p> <p>FEI Number Not Applicable</p>	<p>6. \$8.75 Additional Fee required for a Certificate of Status</p> <p>CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></p>
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	GARAYCOA, CHRISTIAN	5305 SW 133th PLACE	MIAMI, FL 33185
VC	GARAYCOA, PEDRO PABLO	5305 SW 133TH PLACE	MIAMI, FL 33185
SN	GARAYCOA, ROSSANA	5305 SW 133TH PLACE	MIAMI, FL 33185
T	GARAYCOA, ALFREDO	5305 SW 133th PLACE	MIAMI, FL 33185

<p>8. Name and Address of Current Registered Agent</p> <p>CHRISTIAN GARAYCOA 5305 SW 133TH PLACE MIAMI, FL 33185</p>	<p>9. If changed, new registered agent / office</p> <p>Name 700002235317--4 -07/10/97--01091--007</p> <p>Street Address (Do NOT Use P.O. Box Numbers) *****550.00 *****550.00 700002235317--4 -07/10/97--01091--008 *****8.75 *****8.75</p> <p>City FL.</p> <p>State FL.</p> <p>Zip</p>
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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.

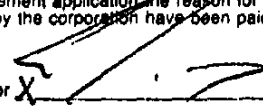
Signature of Registered Agent  Date **6/27/97**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director  Date **6/27/97** Daytime Phone # **(305) 225-3393**

CHRISTIAN GARAYCOA