

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 25 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K96218

1. Corporation Name

LISTA ENTERPRISES SEAFOOD CORPORATION

Principal Place of Business

Mailing Address

~~271 EAST 57 STREET~~  
~~HIALEAH FL 33013~~

~~271 EAST 57 STREET~~  
~~HIALEAH FL 33013~~

REINSTATEMENT 03-04



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

06/19/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State  
Hialeah FL

City & State  
Hialeah FL

65-0122999

Not Applicable

Zip 33016 Country USA

Zip 33016 Country USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	MARTINEZ, LUIS A	<del>271 E 57TH STREET</del> 7380 W 20 Ave # B113	HIALEAH FL 33016

700028790657

02/25/04--01071--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINEZ, LUIS A  
271 EAST 57TH STREET  
HIALEAH FL 33013

Name

Luis A. Martinez

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

7380 W 20 Ave

Suite, Apt. #, Etc.

B113

City

Hialeah

State

FL

Zip Code

33016

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 02-10-2004

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-2004 (305) 557-9449

Date

Daytime Phone #

CR2E040 (7/03)