

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2002
LIMITED LIABILITY
COMPANY

REINSTATEMENT

UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # LO1000021534

1. Limited Liability Company's Name

Prestige SeaFood, LLC

2. Principal Office Address

1825 Ponce De Leon Blvd #256

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33134

Country

USA

Zip

Country

4. State/Country of Formation

Dade, Florida

5. Date Organized or Qualified
To Do Business in Florida

12/2/01

6. FEI Number

02-0540833

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Eric A. Jacobs, Grissales n Jacobs, LLP

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

12550 Biscayne Blvd.

Suite, Apt. #, Etc.

405

City

North Miami

State

FL

Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/10/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	XXXXXXXXXX		
	XXXXXXXXXX		
MAN	Palmer, S.A.	1825 Ponce De Leon Blvd #256	Coral Gables, FL 33134

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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
Managing Member/Manager

PALMER, SA

Date 5/10/02

Daytime Phone # 305-895-1313

Typed or printed name of signing Managing Member/Manager, Palmer, SA

CR2E041 (9/01)