


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -9 AM 10:01

DOCUMENT # M00000001217					
1. Entity Name TRI-UNION SEAFOODS, LLC					
Principal Place of Business 9330 SCRANTON RD., SUITE 500 SAN DIEGO, CA 92121			Mailing Address 9330 SCRANTON RD., SUITE 500 SAN DIEGO, CA 92121		
2. Principal Place of Business		3. Mailing Address		09212006 REIN-LLC CR2E101 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 33-0761094	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANSIRI, KRAISORN 72/1 MOON 7, SETHAKIT 1 RD TAMBON TARSRAI AMPHUER MUANG SAMUTSAKON, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900080646949 10/10/06--01009--031 **155.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIRUTTINANON, CHENG 72/1 MOON 7 SETHAKIT 1 RD TAMBON TARSRAI AMPHUER MUANG SAMUTSAKON, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANSIRI, THIRAPHONG 72/1 MOON 7, SETHAKIT 1 RD TAMBON TARSRAI AMPHUER MUANG SAMUTSAKON, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAN SHUE WING 72/1 MOON 7 SETHAKIT 1 RD TAMBON TARSRAI AMPHUER MUANG SAMUTSAKON, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAN, SIMON (72/1 MOON 7, SETHAKIT 1 RD TAMBON TARSRAI AMPHUER MUANG SAMUTSAKON, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>SHUE WING CHAN</u> 10/2/06 (858)699-3295					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					