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CAPITAL CONNECTION

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

NOV 26 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01902

1. Corporation Name

PEMAR SEAFOOD, INC.

Principal Place of Business

Mailing Address

9655 South Dixie Highway #207
Miami, Florida 33156

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 Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 18, 1984

5. FEI Number

59-2419990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESPENDING

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

1. TEN(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
1	Pres./Sec. Hector Contreras Sierra	9655 S. Dixie Highway #207, Miami, FL	33156

80000201 F018-1
-12/02/96-01028-004
11/13/96 75 11/13/96 75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Pedro M. Martinez
11464 SW 100 Terrace
Miami, FL 33176

Name: Rafael Garcia

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

13199 NW 107 Ave

Suite, Apt. #, etc.

2

City: Hialeah Gardens

FL

33018

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0005, F.S.

Signature of
Registered Agent

Rafael Garcia

REGISTERED AGENT MUST SIGN

Date: Nov 27, 1996

11. 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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(2)(a) in the event that the information supplied is shown to be false or misleading. I certify that I am an officer or director of the corporation or trustee or assignee to execute the application as provided for in Chapter 607 or 617, F.S. I further certify that upon filing this reinstatement application the reason for dissolution has been corrected, the corporation meets the requirements of Section 607.0001 or 617.0001, 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:

Hector Contreras Sierra

Hector Contreras Sierra, Pres

(305) 662-8444
11/22/96