PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 17 AM 10:57

DOCUMENT # M46076

1. Corporation Name

TROPIX SEAFOOD DISTRIBUTORS INC
944 Hialeah Drive
Hialeah Florida 33010-5541

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 944 Hialeah Drive | 944 Hialeah Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Hialeah Fl 33010-5541 | Hialeah Florida |
| Zip: 33010 Country: U.S.A. | Zip: 33010 Country: U.S.A. |

500013633035
03/05/03--01060--020 **300.00

4. Date Incorporated or Qualified To Do Business in Florida: 2-5-87

5. FEI Number: 59-2828668 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOSE A SIGLER

Street Address (P.O. Box Number is Not Acceptable): 944 Hialeah Drive

Suite, Apt. #, Etc.:

City: Hialeah | State: FL | Zip Code: 33010

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 2/13/2003
REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| DP | JOSE A SIGLER | 1241 S.W. 136 Place | Miami Florida 33184 |
| | | | |
| | | | |
| | | | |
| | | | |

10. 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 to the best of my knowledge, 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., all fees due to be collected 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: _____ 2/13/2003 (305) 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Feb 13, 2003

Ref: Tropic Seafood Distributors Inc.
Reinstatement
Document #

Division of Corporations
Reinstatement Section
Tallahassee, Fla.

Gentleman: Find enclosed Reinstatement form for my Corporation, please waive my penalty, I never received any information, as notice in prior year, and I am enclosing $300.00 for filing of the Corporation. I appreciate your help in this situation.

Sincerely,

Regla