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

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

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

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 at the time of 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., and 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: _____ 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 Distribution Inc.
Reinstatement
Document #

Division of Corporation
Reinstatement Section
Tallahassee, Fla.

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

Sincerely.