

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 27 AM 11:41

DOCUMENT # P00000064313

1. Corporation Name

FAST FISH DISTRIBUTORS IMPORT & EXPORT,
CORP.

900011794169
02/04/03--01093--015 **165.00

900011794169
02/04/03--01093--014 **150.00

2. Principal Office Address

3431 NE 5th Ave

Suite, Apt. #, etc.

Suite W

City & State

Pompano-FL

Zip

33064

Country

USA

3. Mailing Office Address

3431 NE 5th Ave

Suite, Apt. #, etc.

Suite W

City & State

Pompano-FL

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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 LUIZ

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

3431 NE 5th Ave

Suite, Apt. #, Etc.

Suite W

City

Pompano

State
FL

Zip Code

33064

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/31/02

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
PRESIDENT	JOSE LUIZ	3431 NE 5th Ave - Suite W	Pompano - FL 33064

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 when filing 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., that 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02

Daytime Phone #

CR2E081 (9/01)

* Please Do Not *
Remove

Ag 2

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
C/O REINSTATEMENT DEPT
PO BOX 6327
TALLAHASSEE, FL 32314

REF: P00000064313

FAST FISH DISTRIBUTORS IMPORT & EXPORT, CORP.

DEBIT MEMO#:23234-H

TO THE REINSTATEMENT DEPT:

This letter is to request a waiver of the penalty charges that incurred in my corporation. By the time you send me the letter requesting the payment I was out of the country. I left my partner in charge of the company but unfortunately he disappeared. So please, consider my case and re-open company. I am enclosing a money order of \$165.00 to cover the reinstatement and a copy of my plane ticket so I can prove to you that I am not lying.

I thank you in anticipation.

Sincerely,

Jose Luiz