PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

04 NOV -1 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000078057

**1.** Corporation Name

INDUMAR SEAFOOD, CORP

REINSTATEMENT 04

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 2853 EXECUTIVE PARK DR | 2853 EXECUTIVE PARK DR. |
| Suite, Apt. #, etc.: SUITE 202 | Suite, Apt. #, etc.: SUITE 202 |
| City & State: WESTON FL | City & State: WESTON FL |
| Zip: 33331 / Country: | Zip: 33331 / Country: |

**4.** Date Incorporated or Qualified To Do Business In Florida

**5.** FEI Number: 65-1033851 ☐ 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: ANEZ, CARLA

Street Address (P.O. Box Number is Not Acceptable): 2853 EXECUTIVE PARK DR

Suite, Apt. #, Etc.: SUITE 202

City: WESTON | State: FL | Zip Code: 33331

**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: 10/27/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

**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 |
|---|---|---|---|
| PD | RINCON, EDWIN | 2853 EXECUTIVE PARK DR. STE 202 | WESTON FL 33331 |
| VD | OSORIO, ALFREDO | 2853 EXECUTIVE PARK DR. STE 202 | WESTON FL 33331 |
| SD | VALLES, ESTEBAN | 2853 EXECUTIVE PARK DR. STE 202 | WESTON FL 33331 |
| TD | ANEZ, CARLA | 2853 EXECUTIVE PARK DR. STE 202 | WESTON FL 33331 |
| | | | |
| | | 400042980024 11/01/04--01062--007 **750.00 | |

**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:** _____ 10/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #