
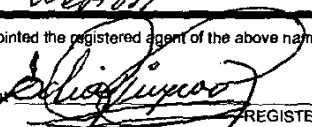
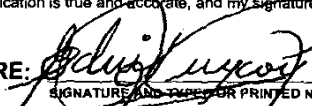


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 APR 17 PM 2:59 SECRETARY OF STATE TREASURER, FLORIDA	
DOCUMENT # P00000078057					
1. Corporation Name Indumar Seafood, Corp.					
2. Principal Office Address 1820 N. Corporate Blvd Suite, Apt. #, etc. Ste 101 City & State Weston, FL Zip 33326 Country USA		3. Mailing Office Address 1820 N. Corporate Blvd. Suite, Apt. #, etc. Ste 101 City & State Weston, FL Zip 33326 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 09/17/2000 5. FEI Number 65-1033851 - Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Name and Address of Current Registered Agent Name Edwin Rincon Street Address (P.O. Box Number is Not Acceptable) 1820 N. Corporate Lake Blvd Suite, Apt. #, Etc. Ste 101 City Weston State FL Zip Code 33326					
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 04/10/03 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	
PD	Edwin Rincon	1820 N. Corporate Lake Blvd. Ste 101		Weston, FL 33326	
VPD	Alfredo Osoio	1820 N. Corporate Lake Blvd. Ste 101		Weston, FL 33326	
SD	Esteban Valles	1820 N. Corporate Lake Blvd Ste 101		Weston, FL 33326	
TD	Karla Añez	1820 N. Corporate Lake Blvd Ste 101		Weston, FL 33326	
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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/10/2003 Daytime Phone #	

CR2081 (10/02)