PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT) !	Catherine Hari Secretary of Station of Corpora	r is ate		• ••		
DOCUMENT # P0000088600 1. Corporation Name				FILED 01 OCT 22 AM 9: 24			
A & M SEAFOOD DISTRIBUTOR, CORP.				SECRETARY OF STATE TALLAHASSEE, FLORIÐA			
Principal Place of Business	ice of Business Mailing Address			IMELM	IMOUSE, CEOMOR	•	
2235 S.V 21ST TERRA MIAMI FL 33145	II FL 33145 MIAMI FL 331						
-4	th innoversat info		wooding bolow			Andread State of the Party of t	
If above addresses are incorrect in any way, line thrown 2. New Principal Office Address, If Applicable Suite, Apt. #, etc.	Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 09/19/2000				
1400 NW 96 AVE.	YOU NW 96 AVE. 1400 X			5. FEI Number		Applied For	
City & State Lisui, K.	City & State	in the	<u></u>	65-1	041992	Not Applicable	
73 / 72 Country	Zip 33/7ン Country r Director (Florida nonprofit corporations must list at le.			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
Title(s) Name of Officers Street Address of Each				<u></u> 1	City	/ State / Zip	1
		3		4			
DV FERNANDEZ, ALEJANDRO R		2235 SW 21ST TERRA			MIAMI FL 33145		_
DP (SPAUDO, FABRIZZIO A		2235 SW 21ST TI	ERRA		MIAMI FL 33145		
		-					_
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		an exchap in "	-PREERA	()) *****1.00°00	Ì
REMOVED TO THE PROPERTY OF THE							
8. Name and Address of Current F	tegistered Agent		Name	9. Name and A	ddress of New Register	ed Agent]_
FERNANDEZ, ALEJANDRO R 2235 SW 21ST TERRA			Name				CR2E040 (8/01)
			Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33145	Suite, Apt. #, Etc.					75	
·			City			tate Zip Code	
10. I, being appointed the registered agent of the above	e named corporal	tion, am familiar with	and accept the ol	bligations of Section			1
Signature of Registered Agent Recommendation Recomm	GISTERED AGEN	THE SOLUTION OF THE STREET	BUID		Date	sp/01	
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissol owed by the corporation have been paid and the number on this application is true and accurate, and paysig	er or trustee empo ution has been eli ames of individual	owered to execute the minated, the corpora is listed on this form	te name satisfies do not qualify for	the requirements an exemption und	of section 607.0401 or 617	7.0401, F.S., that all fees	
)				, ,		
SIGNATURE: U flux	$\sum_{i=1}^{n} i \mathbb{N}_i$	RACITY!	<u>्र</u> ्		10/18/0,	/	