

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031885

1. Corporation Name

CLIPPER SEAFOOD, INC.

Principal Place of Business

500 NE 185 STREET
MIAMI FL 33179

Mailing Address

500 NE 185 STREET
MIAMI FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2001

5. FEI Number

65-1096800

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P	ATENCIO, RODOLFO	500 NE 185 STREET # 19	MIAMI FL 33179
S/T	ATENCIO, JUDITH	500 NE 185 STREET # 19	miami, FL 33179

000008639100
10/28/02--01136--017 **150.00

8. Name and Address of Current Registered Agent

ATENCIO, RODOLFO V
500 NE 185 STREET
MIAMI FL 33179

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Rodolfo V. Atencio

REGISTERED AGENT MUST SIGN

Date 10-23-02

11. 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:

Rodolfo V. Atencio

10-23-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/02)

Clipper Seafood Company, Inc.
500 NE 185th Street, Miami, Florida 33179

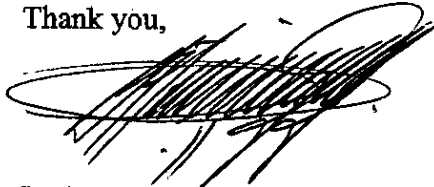
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

October 23, 2002

To Whom It May Concern:

I did not receive the first 2 Uniform Business Reports that were sent to my company.
Please waive the \$600.00 penalty for failing to file this report. This was our first year as a
Florida Corporation and I was unaware of this filing requirement. I will ensure that this
report is filed timely in the future.

Thank you,



Rodolfo Atencio
President/Registered Agent