


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000105224		
1. Entity Name GLOBAL SEAFOOD, INC.		


FILED

2006 OCT 16 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6983 NW 37TH AVE MIAMI, FL 33147	Mailing Address 6983 NW 37TH AVE MIAMI, FL 33147
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2. Principal Place of Business 951 NE 167 ST. Suite, Apt. #, etc. 103 City & State NO MIAMI BEACH, FL	3. Mailing Address SAME Suite, Apt. #, etc. City & State
Zip 33162	Country USA

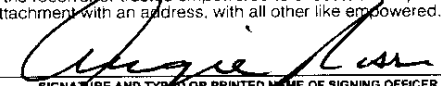
	
10102006 REIN-P	CR2E098 (11/05)
4. FEI Number 14-1849868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVINE, ALAN W 1110 BRICKELL AVENUE SEVENTH FLOOR MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: ALAN W. LEVINE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 10/11/06	

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSSI, AGOSTINO 3620 YACHT CLUB DRIVE, # 501 AVENTURA, FL 331803552 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080878635 10/19/06--01046--019 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 10/11/06 Daytime Phone #

10/19/06