

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000091739

1. Entity Name  
ANFER SEAFOOD HANDLING INC



FILED

09 MAR 27 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8550 NW 17 STREET  
SUITE 7  
MIAMI, FL 33126 US

Mailing Address  
9921 NW 27 ST.  
MIAMI, FL 33172

2. Principal Place of Business - No P.O. Box #  
1301 NW 89 CT  
Suite, Apt. #, etc.

3. Mailing Address  
9921 NW 27 ST  
Suite, Apt. #, etc.

City & State  
MIAMI FL  
Zip  
33172  
Country

City & State  
DORAL  
Zip  
33172  
Country

Country  
FLORIDA



032009 REINSTATEMENT 08-09

4. FEI Number  
20-1254708

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ESPINOSA, BENJAMIN  
8550 NW 17 STREET  
SUITE 7  
MIAMI, FL 33126

## 7. Name and Address of New Registered Agent

Name (Address only)  
Street Address (P.O. Box Number is Not Acceptable)  
1301 NW 89 CT  
City MIAMI FL Zip Code 33172

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

Signature, typed or printed name of registered agent is acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ESPINOSA, BENJAMIN  
STREET ADDRESS 8550 NW 17 STREET  
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(Address only) ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1301 NW 89 CT  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500147675575  
CITY-ST-ZIP 03/27/09--01004--011 \*\*\$300.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #