

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000056808 1. Entity Name SAPPHIRE SEAFOOD INT'L CORP.					
Principal Place of Business 1150 NW 72ND AVE SUITE 454 MIAMI, FL 33126			Mailing Address 1150 NW 72ND AVE SUITE 454 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8360 W. FLAGLER ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 200			
City & State		City & State MIAMI, FL			
Zip	Country	Zip 33144	Country USA		
6. Name and Address of Current Registered Agent SOTO, ENDER E 1150 NW 72ND AVE SUITE 454 MIAMI, FL 33126			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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SOTO, ENDER E 1150 NW 72ND AVE SUITE 454 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8360 W. FLAGLER ST, STE 200 MIAMI, FLA 33144	
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: _____			2/19/07 (305) 554-7229		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

2007 FEB 23 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02192007 REIN-P CR2E098 (1/07)

4. FEI Number **56-2511499** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

500089722545
03/01/07--01003--013 **300.00

REINSTATEMENT