


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13000080783

1. Corporation Name

KLA Seafood, Inc.

2. Principal Office Address - No P.O. Box #

16400 NE 31st Avenue

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33160

Country

3. Mailing Office Address

16400 NE 31st Avenue

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33160

Country

7. Name and Address of Current Registered Agent

Name

Richard N. Krinzman, Esq.

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

800 Brickell Avenue

Suite, Apt. #, Etc.

Suite 1501

City

Miami,

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/29/15

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Kate Anagnostou	16400 NE 31st Avenue	North Miami Beach, FL 33160
D/P	George Anagnostou	16400 NE 31st Avenue	North Miami Beach, FL 33160

10. E-mail Address: rnk@khilaw.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

15 MAY -7 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09-30-2013

5. FEI Number

46-3798081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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05/07/15--01004--003 **158.75
01/05/15 01028 001