

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 FEB -5 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** P93000007370 (8)

1. Corporation Name

*KALIBU SEA FOOD, INC.*

Principal Place of Business

Mailing Address

~~7870 W 29 W #202~~  
~~Hialeah FL 33016~~

~~7879 W 29 W #202~~  
~~Hialeah FL 33016~~

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

2. New Principal Office Address, if Applicable

*6995 N.W. 186 Street*

3. New Mailing Address, if Applicable

*6995 NW 186 Street*

Suite, Apt. #, etc.

*E-107*

Suite, Apt. #, etc.

*E-107*

City & State

*Miami, Florida*

City & State

*Miami, Florida*

Zip

*33015*

Country

*U.S.A.*

Zip

*33015*

Country

*U.S.A.*

4. Date Incorporated or Qualified  
To Do Business in Florida

*01/28/1993*

5. FEI Number

*65-0388026*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE 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)

| Title(s) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | City / State / Zip   |
|----------|--------------------------------------|-------------------------------------------------------------------------------------------|----------------------|
| PD       | ZAPATA, CESAR TULLIO                 | 6995 N.W. 186 St E-107                                                                    | Miami, Florida 33015 |
|          |                                      |                                                                                           |                      |
|          |                                      |                                                                                           |                      |
|          |                                      |                                                                                           |                      |
|          |                                      |                                                                                           |                      |
|          |                                      |                                                                                           |                      |

8. Name and Address of Current Registered Agent

~~GONZALEZ LUIS JR~~  
~~7870 W 29 W #202~~  
~~Hialeah FL 33016~~

9. Name and Address of New Registered Agent

Name

*CESAR TULLIO ZAPATA*

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

*6995 NW 186 St. E-107*

Suite, Apt. #, Etc.

*E-107*

City

*Miami*

State

*FL*

Zip Code

*33015*

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *Feb. 4, 1997*

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 607.0411 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CESAR T. ZAPATA*

*2/4/1997*

Date

*362-9139*

Daytime Phone #