2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED Feb 15, 2008 8:00 A.M. DOCUMENT #.P93000020589 Secretary of State SEA FARMS INTERNATIONAL, INC. Principal Place of Business Mailing Address 11430 SW 88TH ST., #309 11430 SW 88TH ST., #309 MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 11262007 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For 65-0464984 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kirschner Mitchell GARZON, HAMMERIS V Street Address (P.O. Box Number is Not Acceptable) 11430 SW 88TH ST., #309 Suite 314 Federal MIAMI, FL 33176 Zip Code 33132 8. The above named entity submits this state 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. (NOTE: Registered Agent signature required when rein FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PRES ☐ Delete TITLE paz, Jacobo PAZ JACOBO NAME NAME 11430 SW BOTH ST., #309 STREET ADDRESS 11430 SW 88TH ST., #309 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP HIAHI FL 33176 Delete Change TITLE TITI F ☐ Addition Alvarado, Arturo 11430 SN BBTH ST., #309 LOPEZ-RODEZNO, RENE NAME NAME STREET ADDRESS 11430 SW 88TH ST., #309 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-78P MIAMI, FL 33176 DIR Delete TITLE TITLE Change Addition BUESO MANUEL VENANCIO MADURO, OSMOND NAME NAME 11430 SW BOTH ST., #309 11430 SW 88TH ST., #309 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 City-ST-7IP MIAHI, FL 33176 Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS REINSTATEMENT CITY-ST-ZIP CITY-ST-ZIP 200118136472 02/15/08--01025--012 **8.75 NAME NAME STREET ADDRESS STREET ADDRESS City-St-71P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information applied 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 applies that Lenort 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 of 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 affactment with an address with all other like empowered. SIGNATURE INTED NAME OF SIGNING OFFICER OR DIRECTOR