PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAY -9 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020589

1. Corporation Name
Sea Farms International, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
27332 Saint Martin Street		27332 Saint Martin Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Summerland Key, FL		Summerland Key, FL	
Zip	Country	Zip	Country
33042	US	33042	US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 03/16/1993

5. FEI Number
65-0464984
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert D. Dickens

Street Address (P.O. Box Number is Not Acceptable)
27332 Saint Martin Street

Suite, Apt. #, Etc.

City	State	Zip Code
Summerland Key	FL	33042

05/09/11--01003--001 **105.00

000207331350
05/09/11--01003--001 **105.00

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 Robert D Dickens Date 4-19-11
REGISTERED AGENT MUST SIGN

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	Jacobo Paz	Avenida Roosevelt, Barrio El Centro # 4	Choluteca, Honduras
D	Carlos Lara	Campo Luna , Casa # 24	Choluteca , Honduras
			B 5/9/11
	REINSTATEMENT		09-11

10. E-mail Address: Ravelo@laadsa.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: Jacobo Paz Apro 25, 2011 (504) 2781 2856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #