

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000032334 1. Entity Name ELIMAR INTERNATIONAL SEAFOOD, INC.		
Principal Place of Business 19003 FISHERMANS BEND DRIVE LUTZ, FL 33558		Mailing Address 19003 FISHERMANS BEND DRIVE LUTZ, FL 33558
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country

FILED

09 MAR -5 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12082008 REIN-P CR2E098 (1/07)

4. FEI Number 65-0486912		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOUTRO, GEORGE 19003 FISHERMANS BEND DRIVE LUTZ, FL 33558		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL	Zip Code

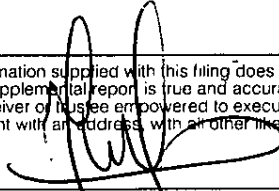
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUKELMAN, ROBERT	NAME	200141487282
STREET ADDRESS	19003 FISHERMANS BEND DRIVE	STREET ADDRESS	01/20/09--01033--025 **150.00
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	
TITLE	DTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUKELMAN, MARCIA	NAME	200141487282
STREET ADDRESS	19003 FISHERMANS BEND DRIVE	STREET ADDRESS	03/05/09--01039--008 **158.75
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an other line empowered.

SIGNATURE:  12/17/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #