

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 23 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000032334**

1. Corporation Name

ELIMAR INTERNATIONAL SEAFOOD INC

REINSTATEMENT 97-03

2. Principal Office Address

15507 CITRUS GROVE BLVD

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

3. Mailing Office Address

15507 CITRUS GROVE BLVD

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

4/28/1994

5. FEI Number

65-0486912

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

GEORGE BOUTRO

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

15507 CITRUS GROVE BLVD

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date **7/18/2003**

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	ZUKELMAN, ROBERT	15507 CITRUS GROVE BLVD	LOXAHATCHEE, FL 33470
D/T/S	ZUKELMAN, MARCIA	15507 CITRUS GROVE BLVD	LOXAHATCHEE, FL 33470

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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]
ZUKELMAN ROBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/2003

Date

561-793-6600

Daytime Phone #

07/24