

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 10 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000069923

1. Corporation Name

INTERAMERICAN SEAFOOD, INC.

2. Principal Office Address

2740 West 81 St.

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

Country

33016-2732

DADE

3. Mailing Office Address

7900 SW 67 Terrace

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

Country

33143

DADE

REINSTATEMENT

99-60

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-11-95

5. FEI Number

65-0608275

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

MAITTE R. NETSCH

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

235 SW 42 Avenue

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33134-1762

000003273318-2

-06/01/00---01043-015

***908.75 ***908.75

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

Maitte R. Netsch

Date 5-8-2000

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
DPVT	DANIEL KLEIN	2740 West 81 St.	Hialeah, FL. 33016-2732
S	MAITTE R. NETSCH	235 SW 42 Ave.	Miami, FL. 33134-1762

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:

Maitte R. Netsch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(MAITTE R. NETSCH)

5-8-2000

Date

Daytime Phone #

(305) 274-

8530

KE

CR2E081 (9/99)