

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **S S S SEAFOOD INC**  
1. Corporation Name  
**7819 N.W. 15 STREET**  
**MIAMI, FLORIDA 33126**

98 FEB 10 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**7819 NW 15<sup>th</sup> ST** (**P95000076825**)  
**MIAMI, FL 33126**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0668935</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	SERGIO S. FERREIRA	4596 ALTON RD MIAMI BEACH, FL 33140	MIAMI BEACH, FLA. 33140
VP.	ANTONIO T. ROCHA	1465 N.E. 123 ST APT. 609	N. MIAMI, FLA. 33161

REINSTATEMENT 97-98

A. Rocha  
2/10/98

000002425060--3  
-02/12/98--01079--003

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ANTONIO TEIXEIRA ROCHA		ANTONIO TEIXEIRA ROCHA	
		Street Address (P.O. Box Number is Not Acceptable) 1465 NE 123 <sup>rd</sup> S SUITE 609	
		Suite, Apt. #, Etc. 609	
		City NORTH MIAMI	State FL
		Zip Code 33161	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Antonio Rocha*

REGISTERED AGENT MUST SIGN

ANTONIO T. ROCHA  
Notary Public, State of Florida  
My Comm. Expires Aug. 18, 1998  
No. CG 401387

01/13/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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: *Antonio Rocha* - ANTONIO T. ROCHA 01/13/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 01/13/98 Daytime Phone #

CR2E040 (12/96)