

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **AD**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN -7 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **998000077238**

1. Corporation Name
**KEYSTONE INTERNATIONAL
SEAFOODS, INC.**

Principal Place of Business Mailing Address

1090 N.W. 23rd Street
Miami, Florida 33127

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

2. New Principal Office Address, If Applicable
1090 N.W. 23rd Street

3. New Mailing Office Address, If Applicable
1090 N.W. 23rd Street

4. Date Incorporated or Qualified
To Do Business in Florida 10/02/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Miami, Florida

City & State
Miami, Florida

65-0613216

Not Applicable

Zip
33127

Country
U.S.A.

Zip
33127

Country
U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☐ \$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
PS	Debra A. Sinnett	613 S.W. 6th Street	Hallandale, FL 33009

300002740633--6

-01/13/99-01102-015

***750.00 ***750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Debra A. Sinnett

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

613 S.W. 6th Street

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

Debra A. Sinnett
REGISTERED AGENT MUST SIGN

Date 1/5/99

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:

Debra A. Sinnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBRA A. SINNETT

1/5/99
Date

Daytime Phone #