

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -7 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000020043**

1. Corporation Name

TROPICAL GOURMET SEAFOOD, INC.

Principal Place of Business

980 N.W. NORTH RIVER DRIVE
UNIT 131
MIAMI FL 33136

Mailing Address

980 N.W. NORTH RIVER DRIVE
UNIT 131
MIAMI FL 33136

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

2. New Principal Office Address, If Applicable

Same

3. New Mailing Office Address, If Applicable

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

03/13/1995

5. FEI Number

65-0592579

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 900002002969--1 -11/13/96--01108--028 *****25.00 *****25.00 Miami, Fla., 33136
Pres	Jose M. Gutierrez	980 NW No. River Dr #131	Miami, Fla., 33136
Vice Pres	Carolyn Cope	980 NW No. River Dr #131	Miami, Fla., 33136
Sec	Jose M. Gutierrez	980 NW No. River Dr #131	Miami, Fla., 33136
			900002002969--1 -11/13/96--01108--026 *****150.00 *****150.00
			900002002969--1 -11/13/96--01108--027 *****200.00 *****200.00

8. Name and Address of Current Registered Agent

ALLEN & GALEGO
601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: *Alexandra Samirato Walden Esq.*
Street Address (P.O. Box Number is Not Acceptable):
492 N.E. 55 St.
Suite, Apt. #, Etc.:
Miami, Fla.
City: _____ State: **FL** Zip Code: **33137**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date: *Oct 13, 1996*

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:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/96
Daytime Phone #