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
99 NOV 29 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033805

1. Corporation Name

Polar Seafood Corporation

Principal Place of Business	Mailing Address
4862 N.W. 5 St.	4545 N.W. 7 St. #12
Miami, Fl. 33126	Miami, Fl. 33126

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

REINSTATEMENT 97-09

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State N/A	City & State N/A
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 04/18/96

5. FEI Number 65-0659066 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Wilman D. Iturralde	4862 N.W. 5 Street	Miami, Fl. 33126
			900003064225--2 -12/08/99--01072--011 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Wilman D. Iturralde
4862 N.W. 5 Street
Miami, Fl. 33126

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc. N/A

City | State FL | Zip Code

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 11/24/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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.

KE

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 11/24/99 Date (305) 442-1458 Daytime Phone #