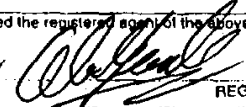
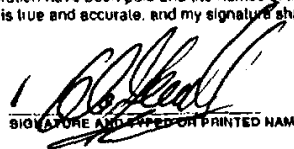


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000033805		FILED 99 NOV 29 PM 3:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name Polar Seafood Corporation			
Principal Place of Business 4862 N.W. 5 St. Miami, FL 33126		Mailing Address 4545 N.W. 7 St. #12 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 Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
N/A		N/A	
4. Date incorporated or qualified to do business in Florida		5. FEI Number 65-0659066	
REINSTATEMENT 97-09 04/18/96		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐		\$9.75 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. Titles	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
Pres.	Wilman D. Iturralde	4862 N.W. 5 Street	Miami, FL 33126
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. City State Zip Code	
		N/A	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0806, F.S.		Date 11/24/99	
Signature of Registered Agent 		REGISTERED AGENT MUST SIGN	
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.			
SIGNATURE: 		Date 11/24/99 (305) 442-1458 Daytime Phone #	
SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			