

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine E. Hanley
Secretary of State
DIVISION OF CORPORATIONS

P8192

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000037184**

1. Corporation Name

SEAFOOD INTERNATIONAL TRADING, INC.

Principal Place of Business

Mailing Address

16300 NE 19 AVE
#205
NORTH MIAMI BEACH FL 33160
US

16300 NE 19TH AVE
STE 205
NORTH MIAMI BEACH FL 33160
US

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

2900 NW 75 ST

3741 Sunny Isles BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307 SUITE

PMB 231

City & State

City & State

MIAMI

North MIAMI FL

Zip

Country

Zip

Country

33147

33160

4. Date Incorporated or Qualified To Do Business in Florida

04/30/1996

5. FEI Number

65-0678102

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	HALIWA, MAURICE	16400 COLLINS AVE. TWR. 4, #2242	N MIAMI BEACH FL 33160
S	ARFI, ALBERT	3531 N.E. 170 ST., 305	NORTH MIAMI BEACH FL 33160
BP	YIP-CHOY, JILL E	16400 COLLINS AVE. TWR 4, #2242	NORTH MIAMI BEACH FL 33160

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12/01/00 01002-001
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERKIN, STEWART A ESQ
RIVERGATE PLAZA, SUITE 300
444 BRICKELL AVENUE
NORTH MIAMI BEACH FL 33160

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

Date **10/30/00**

11. 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. If this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401. All taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 607.0401. This application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill Yip Choy

CR2E040 (8/00)

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SEAFOOD INTERNATIONAL TRADING LTD.

3741 NE 163rd. STREET
PMB 231
NORTH MIAMI BEACH
FL 33160
PHONE: 305-945-4414
FAX : 305-948-3663

November 2, 2000

FLORIDA DEPARTMENT OF STATE

Dear Sir/ Madame

On May 27th 2000 our company mailed a check for the amount of \$150.00 to your department. Until recently we had no response from your department. Now we have received notice that the company will be dissolved for failure to make the payment.

We have spoken to some one in your department who advised us to check with the bank to see if the check was cleared and if not we were to write a letter explaining our situation and include a copy of the check along with another check.

Enclosed with this letter is a copy of the original check and another check for \$150.00 since our bank has advised us that the check was never cleared.

We thank-you for your patience.