

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Pre 1/2*

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 13 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500007834365--9

09/18/02--01067--040

\*\*\*\*308.75 \*\*\*\*308.75

DOCUMENT # P97000004293

1. Corporation Name

Daily Fresh Fish & Meat Market, Inc.

2. Principal Office Address

1540 NE. 165 St.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

No. Miami Bch, FL

City & State

Zip

Country

33162

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01-15-1997

5. FEI Number

650724841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75. Additional Fee required  
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Juan R. Fernandez

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

5401 Collins Ave.

Suite, Apt. #, Etc.

Apt 425

City

Miami Beach

State

FL

Zip Code

33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

9/11/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| D      | Estela Fernandez                     | 7454 SW 112 Ct.                                   | Miami, FL 33173       |
| D      | Juan R. Fernandez                    | 5401 Collins Ave #425                             | Miami Beach, FL 33140 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

01-02-437

10. 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 or 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 TITLE OF PERSON SIGNING OFFICER OR DIRECTOR

9/11/02 305-944-7144

Date

Daytime Phone #

TO WHOM IT MAY CONCERN;

WE CALLED THE STATE WHEN WE LEARNED THAT OUR CORPORATION WAS INACTIVE AND WERE TOLD TO WRITE THIS LETTER ASKING THAT THE PENALTY BE WAIVED ON THE ENCLOSED CORPORATION. WE DID NOT RECEIVE ANY NOTIFICATION. ENCLOSED PLEASE FIND OUR CHECK FOR \$308.75 FOR THE TWO YEARS INCLUDING A CERTIFICATE OF STATUS AS REQUESTED.

WE THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION.

SINCERELY,

ESTELA FERNANDEZ