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 JAN -6 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900002743519--8
-01/15/99--01030--018
****600.00 ****600.00

DOCUMENT #: P97000048824

1. Corporation Name

BLUE HORIZONS SEAFOOD, INC.

Principal Place of Business	Mailing Address
420 S DIXIE HWY. SUITE 2-K CORAL GABLES FL 33146	420 S DIXIE HWY. SUITE 2-K CORAL GABLES FL 33146

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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/03/1997 AD

5. FEI Number: 65-0771742 ☐ 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
DP	SOTO, ROSSANNA	420 S DIXIE HWY, SUITE 2-K	CORAL GABLES FL 33146
~~VD~~	~~DE ARECHAGA, DANIEL JIMENEZ~~	~~KM 9 1/2 VIA A DAULE~~	~~GUAYAQUIL, ECUADOR~~
VTD	SOTO, ESTEBAN	420 S DIXIE HWY, SUITE 2-K	CORAL GABLES FL 33146
~~SD~~	~~DELGER, JORGE~~	~~KM 9 1/2 VIA A DAULE~~	~~GUAYAQUIL, ECUADOR~~
SD	Nicolas Soto	420 S. Dixie Hwy. Suite 2K	Coral Gables, FL 33146

8. Name and Address of Current Registered Agent

SOTO, ESTEBAN
420 S DIXIE HWY, SUITE 2-K
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 900002743519--8 -01/15/99--01030--019
City ****158.75 State FL Zip Code

CR2E040 (9/98)

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: Esteban Soto SIGNATURE REQUIRED Date: 11-23-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ N/A (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 REQUIRED Rossanna Soto 11-23-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #