PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					APPRIATO AMO FALO :			
DOCUMENT # P97000060199					98 SEP . 8 AM II + 36			
1. Corporation Name TONY & LUIS SEAFOOD, INC.					SECRETARY OF ST <b>AT</b> E TALLAHASSEE, FLO <b>R</b> IDA			
					]	that White processing is		
Mailing Address Principal Place of Business  1614 West 68 Street Same								
Hialeah Florida 33014					1			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					TO NOT WELL IN THE OPINE			
	ling Address, If Applicable	New Principal Office Address, If Applicable			DO NOT WRITE IN THIS SPACE  4. Date incorporated or Qualified To Do Business in Florida  On (14,000)			
Suite, Apt.	·	Suite, Ap1. #,	e1c.		07/10/1997  5. FEI Number Applied For			
City & State		City & State			65 <b>-</b> 0684907		Not Applicable  75 Additional Fee required	
Zip	Country	Zip	Country		<u> </u>		for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at let  Name of Officers Title(s)  Name of Officers and/or Directors Officer and/or Directors Officer and/or Director					<del>)</del>	City / S	itate / Zip	
Title(s)	2 ' 3 (Do NOT Us			W. 106 Ter	Numbers)	Miami Florid	<del></del>	
P	P YANELY RAKOVSKY 12410 S.W.				. race	THAMI TIOTIC	14 33100	
VP	DIMITRY RAKOVSKY 12410			.W. 106 Terrace Miami Florida 33186				
				<b>20</b> 0002635 <b>21</b> 28 -09/09/9801 <b>0</b> 43010				
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Name and Address of Current Registered Agent     Name					9. Name and Address of New Registered Agent			
YOKOMORI, MASSAKI				RAKOVSKY, YANELY Street Address (P.O. Box Number is Not Acceptable)				
1614 West 68 Street Hialeah Florida 33014				1614 West 68 Street Suite, Apt. #, Etc.				
				City 314 0 3	lash	Stat		
Hial  10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ot						ion 607.0505, F.S.	33014	
Signature of Agent Maly Pales Page 14 Registered Agent MUST SIGN					<del></del>	Date Septembe	r 4, 1998.	
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.								
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.)								
certify this rei	reby certify that the information supplied whe Division of Corporations from any liabilithat I am an officer or director or the receivant application the reason for disswed by the corporation have been paid. Toath.	ty of non-compl ver or trustee e solution has bee	rance with Section 11 mpowered to execute in eliminated, the cor	9.07(3)(k) in the evi this application as porate name satisfi	ent that the intorn provided for in c ies the requireme	nation supplied is deemed ex hapter 607 or 617, F.S. I fun nts of section 607.0401 or 6	ther certify that when filing in 17.0401, F.S., and that all	

September 4, 1998 (305)362-9139

Daytime Phone #