

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN 19 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040909

1. Corporation Name

CHILEAN SEAFOOD EXCHANGE, INC.

Principal Place of Business

Mailing Address

5000 GODFREY ROAD  
CORAL SPRINGS FL 33067

5000 GODFREY ROAD  
CORAL SPRINGS FL 33067

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0833300

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
VP, D	JEAN-JEBASTIEN GROS	5000 GODFREY RD.	CORAL SPRINGS, FL 33067
VP, D	TRISHA K. GROS	5000 GODFREY RD.	CORAL SPRINGS, FL 33067
			100003129961--2
			-02/09/00--01086--030
			****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERETZ, ANDREW B  
ONE EAST BROWARD BLVD. SUITE 620  
FT. LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 of Andrew B. Peretz*  
REGISTERED AGENT MUST SIGN

Date 1/10/00

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. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN-JEBASTIEN GROS  
PRESIDENT

1/10/00 (954) 255-7848  
Date Daytime Phone #

CR2E040 (8/99)



**Chilean  
Seafood Exchange**  
VIA FACSIMILE

Friday, January 14, 2000

**Andy Dunlap**  
Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327 USA  
Phone: [1] 850-487-6036

RE: Chilean Seafood Exchange- Document#P98000040909

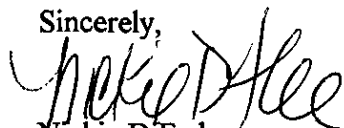
Dear Andy:

Pursuant to our telephone conversation yesterday, please find enclosed check #3011 totaling \$300.00 for the 1999 Annual report fee and the 2000 Annual report fee.

As we discussed, we are a first year corporation and did not receive the Annual report notice for 1999. We were not aware that a report was to be filed until a Notice of Administrative Dissolution arrived.

Thank you for your cooperation in resolving this matter. Please contact me if you need additional information.

Sincerely,

  
Nickie DiFede  
Office Manager

CORP. ADDRESS IS THE  
SAME.