

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN -9 PM 4: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000084473

1. Corporation Name

S.S. SEAFOOD CORP. INC.

Principal Place of Business

Mailing Address

9574 N.W. 41 ST.  
MIAMI FL 33178

~~9574 N.W. 41 ST.~~  
~~MIAMI FL 33178~~



**REINSTATEMENT** 02-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3005 NW 98th St

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip 33016

Country U.S.A

3. New Mailing Office Address, If Applicable

P.O. BOX 226516

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip 33172-6516

Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

09/21/1999 SP

5. FEI Number

911999942

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
P	SERGIO, FERREIRA S	<del>9574 N.W. 41 ST.</del> 4596 ALTON RD	MIAMI-FL-33178 MIAMI BEACH, FL 33140
V	CAMACHO, EDUARDO	<del>9574 N.W. 41 ST.</del> 4596 ALTON RD	MIAMI-FL-33178 MIAMI BEACH, FL 33140
			000003536550--1 -01/12/01--01103--008 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

FERREIRA, SERGIO S  
9574 N.W. 41 ST.  
MIAMI FL 33178

9. Name and Address of New Registered Agent

Name

SERGIO S. FERREIRA

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

4596 ALTON RD

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

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 REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/16/2000

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

10/16/2000  
Date

(305) 535-7001  
Daytime Phone #

CR2E040 (8/00)