PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Hagris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000085600

on this application is true and accurate, and my signature shall by

SIGNATURE AND TYPED OR PRINTED NA

SIGNATURE:

1. Corporation Name

SOUTHSEA GOURMET, INC.

FILED

02 MAR -7 PM 4: 04

SEGRETARY OF STATE

10/11/01

Daytime Phone #

Principal Place of Business 11190 BISCAYNE BLVD. MIAMI FL 33181 If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable Suite, Apt. #, etc.		Mailing Address PO. BOX 600146 N. MIAMI BEACH FL 33160 rough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Quanted To Do Business in Florida 09/24/1999 5. FEI Number 65 - 0951740 Applied For					
City & State City		City & State				APPLIED FOR Applied For Not Applied be			
-Zip≃	Country	Zip	Country		6. CERTIFICATE	OF STATUS DESIRED	_ 337	vaganjean paganjean	Ceppled Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
РD	HARPER, DAVID A		3774 NE 167TH ST.			N. MIAMI BEACH FL 33160			
D	TORTOSA, SILVIA	700	7001 BONITA DR #49- 3774 ME 167 ™S			MIAMI FL 2011 1	33 (60	
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	*		/ <u>`</u>	/ / / / / / /		-04/02/02 ****150	00	J41UU1 ****150.(00
8. Name and Address of Current Registered Age				}\	9. Name and A	Address of New Regi	stered A	gent	
TORTOS 	SA, SILVIA DNITA DR. #49 - 3774 N. (L. 33141 N. M. (AM)	5_167_7-5 Beatl-Pe						Coseco	
· <u></u>				City			State FL	Zip Code	
Signature of Registered Agent Must sign 11. Locative that Lam an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617. E.S. I further certify that when filling									

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 e the same legal effect as if made under oath.

SIGNING OFFICER OR DIRECTOR