PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AUTHORITY
FILED
03 JUL -10 PM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400021998974
08/04/03--01006--011 **8.75

400021998974
08/04/03--01006--009 **500.00

REINSTATEMENT 90-03

DOCUMENT # K28324

1. Corporation Name: Best Atlantic Seafood System Incorporation

2. Principal Office Address	3. Mailing Office Address
111 Cherry St.	206 Pulaski Dr.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Neptune Beach, FL	City & State: Hampton, SC
Zip: 32266 Country:	Zip: 29924 Country: Hampton

4. Date Incorporated or Qualified To Do Business in Florida: 7-7-1988

5. FEI Number: 570872649 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Randall W. Dyal
400021998974
Street Address (P.O. Box Number is Not Acceptable): 111 Cherry Street
08/04/03--01006--010 **22.50
Suite, Apt. #, Etc.:
City: Neptune Beach State: FL Zip Code: 32266

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Randall W Dyal Date: 7/03/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Tracie Anderson	206 Pulaski Dr.E.	Hampton, SC 29924
P	Tony Anderson	206 Pulaski Dr.E.	Hampton, SC 29924

10. 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: Tracie Anderson July 2, 2003 803-943-2821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #