PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **Katherine Harris** FILED Secretary of State WISION OF CORPORATIONS DIVISION OF CORPORATIONS P93000086814 DOCUMENT # 00 OCT 16 PM 2:32 1. Corporation Name BAMA SEA PRODUCTS, INC. Principal Place of Business Mailing Address 1499 BEACH DR., SE 756 - 28TH ST S ST. PETERSBURG FL 39701 ST. PETERSBURG FL 33712 US If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 756-28+h St. Suite, Apt. #, etc. 12/20/1993 Suite, Apt. #, etc. \_ - -Applied For 5. FEI Number 59-3228112 City & State City & State Not Applicable St. Petersburg \$8.75 Additional Fee required 33712 Zip Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Name of Officers City / State / Zip and/or Directors Officer and/or Director Title(s) 24 PARADISE LANE TREASURE ISLAND FL STEPHENS, JOHN PD EAST POINT GA **3113 MAIN STREET** 33117 TD CONNER, JOE St. Petersburg 756-28th St. S STIZ 1499 BEACH DRIVE SE Ð <del>Martinez: Donna M</del> 756-284h St. S Jackson St. Petersb **BUFORD GA** D **GODFREY** 4297 BUFORD DR STE A 1177 SOUTHGATE DR CHARLESTON SC SCHEER, JERALD S D 1499 BEACH DRIVE SE <del>st Petersburg fl</del> ヨヨスロ <del>woodson, daniel</del> 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agency STEPHENS, JOHN Street Address (P.O. Box Number is Not Acceptable) 756-284h Street Suite, Apt. #, Etc. - 185 - 13TH AVENUE, SE ST. PETERSBURG FL 83705-State 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. SILES Signature of Date 10/13/00 Registered Agent REGISTERED AGENT MUST SIGN 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. 900003440079--7 -10/26/00--01044--001 \*\*\*\*158.75 \*\*\*\*158.75 S REQUIRE SIGNATURE: