

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 99 OCT 28 PM 7:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000051847

1. Corporation Name  
**THE SEAFOOD GOURMET, INC.**

Principal Place of Business Mailing Address  
**8043 SAN JOSE BLVD JACKSONVILLE FL 32207 US**  
~~4890 TORRINGTON PL JACKSONVILLE FL 32207~~  
**5043 SAN JOSE BLVD JACKSONVILLE FL 32207**

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country  
**5043 SAN JOSE BLVD**  
**JACKSONVILLE FL**  
**32207 DUVAL**

4. Date Incorporated or Qualified To Do Business in Florida  
**07/08/1994**  
 5. FEI Number  
**59-3200918**  
 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	<b>BUSNOT, DIDEE G</b>	<b>4890 TORRINGTON PL</b>	<b>JACKSONVILLE FL 32207</b>

8. Name and Address of Current Registered Agent  
**BUSNOT, DIDEE G**  
**5043 SAN JOSE BLVD**  
**JACKSONVILLE FL 32207**

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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]*  
 Date: **10/26/99 KE**  
 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.

SIGNATURE: *[Signature]* **Diddee G. Busnot**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **10/26/99**  
 Daytime Phone #: **(904) 730-0077**

CR2E04G (8/99)

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The Seafood Gourmet, Inc.  
5043 San Jose Blvd.  
Jacksonville, FL 32207

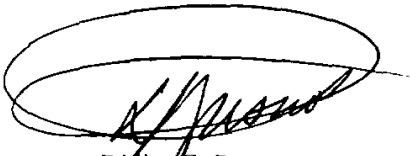
Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Gentlemen:

Please find enclosed our check for \$150.00 together a completed application for reinstatement. I hereby request that all penalties be abated in their entirety due to the fact that we never received the corporation annual report and were unable to file on a timely basis through no fault of our own.

Please change your records to reflect the correct address as listed above and use this address for all future correspondence.

Sincerely,



Didier G. Busnot  
Registered Agent and President