

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 29 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20004

1. Corporation Name

ISLAND SEAFOOD MARKET, INC.

Principal Place of Business

Mailing Address

1420 BROADWAY
RIVIERA BEACH FL 33404

1420 BROADWAY
RIVIERA BEACH FL 33404

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0237191

Applied For

Not Applicable

City & State

City & State

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	LAWSON, ROBERT H.	1420 BROADWAY	RIVIERA BEACH FL
D	LAWSON, PAMELA	1420 BROADWAY	RIVIERA BEACH FL
V	LAWSON, GARY SCOTT	1420 BROADWAY	RIVIERA BCH FL
V	DOUBLEDAY, DAWN JO	1420 BROADWAY	RIVIERA BCH FL
			300002921243--5 -07/01/99--01080--008 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAWSON, ROBERT H.
1420 BROADWAY
RIVIERA BEACH FL 33404

Name

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

Suite, Apt. #, Etc.

City

State
FL

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.

Signature of
Registered Agent

Robert H. Lawson

REGISTERED AGENT MUST SIGN

Date

6-24-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30. Yes No

(See other side for information
on intangible tax.)

12. 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. and all taxes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert H. Lawson

Date

6-24-99

(561) 863-3474

Daytime Phone #