PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 22 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 320-927

1. Corporation Name

Moores StoneCrab Restaurant + Marina Inc

Principal Place of Business	Mailing Address
800 Broadway Longboat Key, Fl. 34228	P.O. Box 1081 Longboat Key, Fl. 34228

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
N/A	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/67

5. FEI Number: 65-0375575 ☐ Applied For ☐ Not Applicable

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
P.D.M.	Alan L. Moore	4536 60th St. Ct. W.	Bradenton, Fl. 34210
V.D.M.	Robert J. Hicks	5302 36th Av. Dr. W.	Bradenton, Fl. 34209
V.D.M.	Paul T. Moore	2007 Yale Av.	Bradenton, Fl. 34207
T./S.	Lynda D. Hicks	5302 36th Av. Dr. W	Bradenton, Fl. 34209

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8. Name and Address of Current Registered Agent

Mary Moore
800 Broadway
LBK, Fl. 34228

9. Name and Address of New Registered Agent

Name: Lynda D. Hicks
Street Address (P.O. Box Number is Not Acceptable): 5302 36th Av. Dr. W.
Suite, Apt. #, Etc.
400002571324--5
-06/24/98--01077--002
***1208 $8.75
City: Bradenton State: FL Zip Code: 34209

CR2E040 (1/98)

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: Lynda D. Hicks — REGISTERED AGENT MUST SIGN — Date: 06/19/98

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., 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: Lynda D. Hicks — Lynda D. Hicks — 06/19/98 — 941-383-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #