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
97 DEC 22 PM 9:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 366123

1. Corporation Name
WEST Florida Fish Company

Principal Place of Business
620 South "B" Street
Pensacola, FL 32501

Mailing Address
P.O. Box 191
Pensacola, FL 32591

REINSTATEMENT AD 90-97

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-1299679
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Gerard M. Patti	625 Greenhills Rd.	Cantonment, FL 32533
Vice Pres	Joseph B Patti	1621 W. Gregory St	Pensacola, FL 32501
Secretary	Anna Peterman	416 Shoreline Drive	Gulf Breeze, FL 32561

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***1697.50 ***1697.50

8. Name and Address of Current Registered Agent
Gerard M. Patti
625 Greenhills Road
Cantonment, FL 32533

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

CR2E040 (12/96)

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 Gerard M. Patti Date 11/4/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Gerard M. Patti Gerard M. Patti 11/4/97 850/432-4133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #