


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 366123

1. Corporation Name

WEST FLORIDA FISH COMPANY

Principal Place of Business

620 SOUTH "B" STREET
PENSACOLA FL 32501

Mailing Address

PO BOX 191
PENSACOLA FL 32591

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

06/23/1970

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PATTI, GERARD M	625 GREENHILLS RD	CANTONMENT FL 32533
VP	PATTI, JOSEPH B	1621 W. GREGORY ST	PENSACOLA FL 32501
S	PETERMAN, ANNA	416 SHORELINE DRIVE	GULF BREEZE FL 32561
P	PATTI, GERARD M	625 GREENHILLS RD	CANTONEMENT FL 32533
9000004717219--3 -12/10/01--01034--002 ****150.00 ****150.00			

8. Name and Address of Current Registered Agent

PATTI, GERARD M
625 GREENHILLS RD
CANTONEMENT 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

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

REGISTERED AGENT MUST SIGN

Date 10-10-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GERARD M PATTI

11-24-01

850 432-4133

lofz

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CR2E040 (8/01)

20F2

American Seafood Company
West Florida Seafood Company, Inc.
P.O. Box 191
Pensacola, Florida 32591

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

October 23, 2001

Re: Reinstatement of Corporation

I have not received any paperwork from you to renew my corporation but last week I received a notice that my corporation had been dissolved. This happened to me about ten years ago and I didn't find out until 3 or 4 years later when my accountant stumbled across the fact. I don't understand how this has happened to me twice but I would like someone from your office to check into this matter and get back with me. I have made a copy and stapled it to my wall along with all of my licenses so come January I can give your office a call if I don't receive it. Please have someone get back to me soon.

Thank you,


Gerard Patti
President

American Seafood Company
West Florida Seafood Company, Inc.