

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

lofz

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV 30 PM 5:06

DOCUMENT # **366123**

1. Corporation Name  
**WEST FLORIDA FISH COMPANY**

Principal Place of Business	Mailing Address
620 SOUTH "B" STREET PENSACOLA FL 32501	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	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida - **06/23/1970**

5. FEI Number **59-1299679**

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	4 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

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 -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 *Gerard Patti* Date 10-10-01  
 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: *Gerard Patti* **GERARD M PATTI** 11-24-01 850 432-4133  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE040 (8/01)

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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.