

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 395682

1. Corporation Name

ALLEN SEA FOODS, INC.

Principal Place of Business

2386 ALLEN RD.
TALLAHASSEE FL 32312-2602

Mailing Address

2386 ALLEN RD.
TALLAHASSEE FL 32312-2602

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

02/10/1972

5. FEI Number

59-1387412

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	4 City / State / Zip
PD	SANDERS, DESHA N. JR.	4071 TATES CREEK PK., STE 308	LEXINGTON KY 40517
SD	MAGGARD, BRUCE	794 CHINOE RD.	LEXINGTON KY
TD	COPE, EDDIE	2386 ALLEN RD.	TALLAHASSEE FL
VPD	WALLACE, ARTHUR H.	941 ETHANS GLEEN RD.	KNOXVILLE TN 37923
ASD	SMITH, MARY E.	4071 TATES CREEKS PK., STE 308	LEXINGTON KY 40517
600008811486 11/05/02--01094--025 **150.00			

8. Name and Address of Current Registered Agent

COPE, EDDIE
2386 ALLEN RD.
TALLAHASSEE FL 32312

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. or 617.0505, F.S.

Signature of
Registered Agent

Eddie Cope
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/1/02

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:

Jim Smith
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

10-30-02

To whom It May Concern:

May we please be relieved
of any penalty due because this
is the first notice we received.
Thank you for your time.

Jerry Dulin,
Bookkeeper
Allen Sea Foods

859-293-5441