2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -4 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 395682

1. Entity Name
ALLEN SEA FOODS, INC.

Principal Place of Business	Mailing Address
2386 ALLEN RD. TALLAHASSEE, FL 32312-2602	2386 ALLEN RD. TALLAHASSEE, FL 32312-2602

PRIN PLACE OF BUSINESS

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10292004 REIN-P CR2E098 (6/04) 04

4. FEI Number FEI NUMBER
59-1387412

Add'l Fe
Not Add'l

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COPE, EDDIE 2386 ALLEN RD. TALLAHASSEE, FL 32312	Name REINSTATEMENT Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____
Signature required from registered agent (if applicable) (NOTE: Registered Agent signature required for reinstatement) Date

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS,DESHA N. JR. 4071 TATES CREEK PK., STE 308 LEXINGTON, KY 40517	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 500042476445 11/04/04--01048--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAGGARD,BRUCE 794 CHINOE RD. LEXINGTON, KY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COPE,EDDIE 2386 ALLEN RD. TALLAHASSEE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALLACE,ARTHUR H. 941 ETHANS GLEEN RD. KNOXVILLE, TN 37923	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD SMITH,MARY E. 4071 TATES CREEKS PK., STE 308 LEXINGTON, KY 40517	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, added or deleted, with an address, where applicable, indicated.

SIGNATURE: Mary E. Smith (MARY E. SMITH) 10/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date