

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 409241

1. Corporation Name

WALT'S FISH MARKET INC.

Principal Place of Business

560 N WASHINGTON BLVD.  
SARASOTA FL 34236-4240

Mailing Address

560 N WASHINGTON BLVD.  
SARASOTA FL 34236-4240

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

2. New Principal Office Address, If Applicable

~~204 CEDAR PARK CIR.~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~204 CEDAR PARK CIR.~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/21/1972

SP

City & State

Sarasota, FL 3

City & State

Sarasota, FL

Zip

34242

Country

USA

Zip

34242

Country

USA

5. FEI Number

59-1417191

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
ST	WALLIN, WALTER C. JR.	204 CEDAR PARK CIRCLE	SARASOTA FL
P	WALLIN, THOMAS W.	4828 OCEAN BLVD	SARASOTA, FL 00000
			300003372279--5 -08/24/00--01090--001 ****750.00 ****750.00
			300003372279--5 -08/24/00--01090--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CHAPMAN, KENNETH D.  
1920 GOLF ST.  
SARASOTA FL 34236

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

*Kenneth D. Chapman*  
REGISTERED AGENT MUST SIGN

Date 5-26-00

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

*Walter C. Wallin*  
WALTER C. WALLIN 5/29/00 941-346-1335  
Date Daytime Phone #

Date

Daytime Phone #

CR2ED40 (8/99)