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## 2005 FOR PROFIT CORPORATION REINSTATEMENT.

| DOCUMENT # 503551  1. Entity Name MAT ROLAND SEAFOOD COMPANY, INC.  |  |  |                                   |                     | FILED<br>05 MAR 31 31 9:17 |                    |                                   |                             |
|---|--|--|-----------------------------------|---------------------|----------------------------|--------------------|-----------------------------------|-----------------------------|
| Principal Place of Business 4510 OCEAN ST ATLANTIC BEACH, FL 32233 US   |  | Mailing Address PO BOX 37 MAYPORT, FL 32067 US |                                   |                     |                            |                    | JEL, FEJADA                       | D)   <b>D</b>               |
| 2. Principal Place of Business  |  | 3. Mailing Address                             |                                   |                     |                            |                    |                                   |                             |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc                             |                                   |                     | 03032005                   | REIN-P             | CR2E098 (6/04)                    |                             |
| City & State  |  | City & State                                   |                                   |                     | 4. FEI Number 59-166       |                    |                                   | pplied For<br>ot Applicable |
| Zip   | Country  | Zip  | Country                           | у                   |                            | of Status Desired  | \$8.75 Ad                         | ditional                    |
| 220 12TH  | 6. Name and Address of Current                                 |  | Street Address (                  | The                 | Address of New F           | Have               | de                                |                             |
| 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, typed or printed name of registered agent and the Approache.  (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$900.00  |  |  |                                   |                     |                            |                    |                                   |                             |
| 10.   | OFFICERS AND   | DIRECTORS                                      | 11,                               |                     | ADDITIONS,                 | CHANGES TO OFF     | ICERS AND DIRECTOR                | S IN 11                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>ROLAND, VINCENT M<br>888 SEMINOLE RD.<br>ATLANTIC BCH, FL | EMINOLE RD. STR                                |                                   | T ADDRESS<br>ST-ZIP | 9<br>05/1                  | 00054;<br>1/050100 | □ Change<br>244389<br>9-025 **300 | ☐ Addition ☐ . (O)          |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ROLAND, MATHIAS C NAI 220-12TH ST. ST                          |  | TITLE<br>NAME<br>STREET<br>CITY-S | T ADDRESS<br>ST-ZIP |                            |                    | — [☐ Change                       | Addition                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ROLAND, ROSE B MAI<br>220-12TH ST. STR                         |  | TITLE<br>MAME<br>STREET<br>CITY-S | T ADDRESS<br>ST-ZIP |                            |                    | ☐ Change                          | Addition                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ROLAND, BRAD M<br>230 PINE STREET                              |  | TITLE<br>NAME<br>STREET<br>CITY-S | T ADDRESS<br>ST-ZIP |                            | -                  | ☐ Change                          | □.Addition .                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete                                       | TITLE<br>NAME<br>STREET<br>CITY-S | T ADDRESS<br>ST-ZIP |                            |                    | ☐ Change                          | ☐ Addition                  |
| TRUÉ<br>NAME<br>STREET ADDRESS<br>CIST-ST-ZIP   |  | ☐ Delete                                       | CITY-S                            | <u> </u>            |                            |                    | ☐ Change                          | ☐ Addition                  |
| 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 if changed, or on an attachment with an address, with all other like empowered. |  |  |                                   |                     |                            |                    |                                   |                             |
| SIGNATURE: Nose Bradly Koland Rose Bradley Roland 3/7/05 904-246-9443 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date: Dayline Prone *   |  |  |                                   |                     |                            |                    |                                   |                             |

## Mat Roland Scafood Co.

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P.O. Box 37 Mayport, FL 32267
Telephone (904) 246-9443
Fax (904) 241-0645

3/7/0519\_

When I talked with someone en your office thout not releven the annual corporate Report for this year, I wan fold that we had not filed for the previous year. I did not know that, The Heisan who has always taken can if this no langer works here, and I never saw the report . The person I tacked with was very nice and said We Could pay the usual fee - 150-I hope Hat is suggicient. Thank you

Sincarely. Love Roland