

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 24 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 515970

1. Corporation Name

Cleveland Seafoods, Inc.

2. Principal Office Address

3747 S. Cleveland Avenue

3. Mailing Office Address

2549 Richmond Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

Fort Myers, FL 33901

City & State

Lexington, KY

Zip

33901

Country

USA

Zip

40509

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-1695972

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800004741458--8

-12/27/01--01026--004

***750.00 ***750.00

7. Name and Address of Current Registered Agent

Name

Charles S. Cottrell

Street Address (P.O. Box Number is Not Acceptable)

16631 Shelby Lane

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33917

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/21/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Charles W. Cottrell	2025 Shadybrook Lane	Lexington, KY
S	James P. Arnold	771 Lakeshore Drive	Lexington, KY
D	Carita W. Arnold	771 Lakeshore Drive	Lexington, KY

10. 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)(l), 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

Date

12/21/01

Daytime Phone #