SIGNATURE:

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECHETARY OF STATE DIVISION OF COMPATIONS FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State 06 MAY -9 AM 11: 15 REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 602 00000 4930 **700075289647** 05/25/06--01049--014 \*\*1208.75 Vebfish.com Abla Lobster Market 2. Principal Office Address 3. Mailing Office Address 887 Jackson Are Suite, Apt. #, etc. CR2E081 (12/05) 4. Date Incorporated or Qualified To Do Business in Florida City & State 5. FEI Number Applied For G1-0553 704 Not Applicable Country 6. CERTIFICATE OF STATUS DESIRED 22789 \$8.75 Additional Fee required 7. Name and Address of Current Registered Agent Nathan Street Address (P.O. Box Number is Not Acceptable) Blue Suite, Apt. #, Etc. 32730 8. I, being appointed the regis tered 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Falmorth, ME 04105 Ben 288 Middle Rd From Park, FL 32730 V.P. Blad. 87 Carrolwood Altamonte Springs, FL 32701 659 Highland 10.1 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 filling 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 contained in Chapter 119, 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.