

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -1 PM 3:00

DOCUMENT # F05000004372

1. Corporation Name

Fishery Products International, Inc

2. Principal Office Address

18 Electronics Ave

Suite, Apt. #, etc.

City & State

Danvers MA

Zip

01923

Country

USA

3. Mailing Office Address

18 Electronics Ave

Suite, Apt. #, etc.

Attn: Legal Dept

City & State

Danvers MA

Zip

01923

Country

REINSTATEMENT 06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7.28.05

5. FEI Number

04-2476325

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

600081594636
11/07/06--01055--009 **150 00

State

FL

Zip Code

32301

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

Troy Todd
as its agent

Date 11-1-2006

REGISTERED AGENT MUST SIGN

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
Dir.	Graham Roome	70 O'Leary Ave	Atc 5L1 St. Johns, Newfoundland
Pres.	Peter Colbourne	18 Electronics Ave	Danvers, MA 01923
VP/Sec	Amy Johnson	" " "	" " "
VP	Keith Decker	" " "	" " "
VP	Mark Leslie	" " "	" " "
VP	Mike Sirdis	" " "	" " "

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/06

Date

9787505174

Daytime Phone #



FISHERY PRODUCTS INTERNATIONAL, INC.

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October 26, 2006

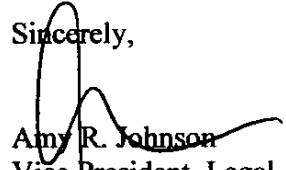
FL Dept. of State
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Enclosed you will find our reinstatement paperwork. Please be advised that the Notice of Dissolution or Revocation was the first notice we ever received from the state of Florida. Therefore, please waive the reinstatement fee and accept this Reinstatement form together with our check for the Annual Report fee and Corporate Supplemental fee enclosed herewith.

Should you have any questions, please feel free to contact me.

Sincerely,


Amy R. Johnson
Vice President, Legal Affairs
And Administration

ARJ/encl.