

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 18 AM 11:01

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000001798**

1. Corporation Name

Clearwater Fine Foods (USA) Inc.

2. Principal Office Address

757 Bedford Highway

3. Mailing Office Address

757 Bedford Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bedford, Nova Scotia

City & State

Bedford, Nova Scotia

Zip

B4A 3Z7

Country

Canada

Zip

B4A 3Z7

Country

Canada

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1996

5. FEI Number

51-0373449

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

Connie Beyer

Date

8/17/06

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
CPD	John Risley	757 Bedford Highway	Bedford, NS, Canada
T	James A Hawkins	757 Bedford Highway	Bedford, NS, Canada
D	Colin MacDonald	757 Bedford Highway	Bedford, NS, Canada

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08/23/06--01026--006 **1050.00

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

Colin
MacDonald

Date

Aug 15/06 (402) 443.0550

Daytime Phone #