

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002428

1. Corporation Name

OCEAN BEAUTY SEAFOODS, INC.

Principal Place of Business

1100 W. EWING ST.
SEATTLE WA 98107

Mailing Address

PO BOX C-70739
SEATTLE WA 98107

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

05/13/1996

5. FEI Number

91-0460780

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DC	SELBY, MICHAEL D	1100 W. EWING ST.	SEATTLE WA 98107
VDC	SHAW, RONALD I	1100 W. EWING ST.	SEATTLE WA 98107
VDC	KLEIN, HOWARD	1100 W. EWING ST.	SEATTLE WA 98107
DCOO	TERHAR, BILL	1100 W. EWING ST.	SEATTLE WA 98107
VS	DUEHNING, DOUGLAS A	1100 W. EWING ST.	SEATTLE WA 98107
V	PALMER, MARK	1100 W. EWING ST.	SEATTLE WA 98107

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

8000002346538--0

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

1111 797-01055-017

Suite, Apt. #, Et

*****750.00 ***750.00**

City

State

FL

SCC 11-10-97

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara A Burke

**BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY**

Date

11-7-97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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)(i), 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

10/27/97

Date

(206) 285-6300

Daytime Phone #

CR25040 (8/97)