

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 29 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000001257**

1. Corporation Name

Legal Sea Foods, Inc.

Principal Place of Business

Mailing Address

**33 Everett Street
Allston, MA 02134**

**33 Everett Street
Allston, MA 02134**

700003415357--0

-10/05/00--01092--008

*****758.75 ***758.75**

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

03/05/98

5. FEI Number

042942234

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Roger S. Berkowitz	20 Park Avenue	Newton, MA 02158
V	Bruce R. Cartwright	400 Old Town Way	Hanover, MA 02339
SD	Harriet Berkowitz	145 Willowbend Drive	Mashpee, MA 02649
CTD	George H. Berkowitz	145 Willowbend Drive	Mashpee, MA 02649
D	Edward H. Pendergast	60 State Street, Suite 700	Boston, MA 02109
AS	Richard Heller	15 Stanley Road	Newton, MA 02468

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

LS

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

Laura R. Dunlap

**Laura R. Dunlap
as its agent**

Date

9/29/00

REGISTERED AGENT MUST SIGN

11. This corporation owes 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:

Richard Heller

Richard Heller

9/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(617) 720-5090

Daytime Phone #

CR2E061 (1/2/98)