

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV 13 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001257

1. Corporation Name

LEGAL SEA FOODS, INC.

Principal Place of Business

33 EVERETT STREET
ALLSTON MA 02134

Mailing Address

33 EVERETT STREET
ALLSTON MA 02134

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

REINSTATEMENT

Date Incorporated or Qualified
To Do Business in Florida

03/05/1998

5. FEI Number

04-2942234

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BERKOWITZ, ROGER S	20 PARK AVENUE	NEWTON MA 02158
V	CARTWRIGHT, BRUCE R	400 OLD TOWN WAY	HANOVER MA 02339
SD	BERKOWITZ, HARRIET	145 WILLOWBEND DRIVE	MASHPEE MA 02649
CTD	BERKOWITZ, GEORGE H	145 WILLOWBEND DRIVE	MASHPEE MA 02649
D	PENDERGAST, EDWARD H	60 STATE STREET, STE 700	BOSTON MA 02109
AS	HELLER, RICHARD	15 STANLEY ROAD	NEWTON MA 02468

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

300008969413
11/13/02--01043--020 **750.00

Date

11/12/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #