

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G44583

1. Entity Name
BAYSIDE SEAFOOD RESTAURANT, INC.



Principal Place of Business
3501 RICKENBACKER CAUSEWAY
KEY BISCAYNE, FL 33149

Mailing Address
3501 RICKENBACKER CAUSEWAY
KEY BISCAYNE, FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



05122005 REIN-P CR2E098 (6/04)

4. FEI Number
59-2290703

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERSTNER, ROLF
3501 RICKENBACKER CAUSEWAY
MIAMI, FL 33149

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GERSTNER, ROLF
STREET ADDRESS 3501 RICKENBACKER CSWY.
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200055368732
05/26/05--01033--011 **908.75

TITLE VST
NAME LAROCHE, CLAUDE
STREET ADDRESS 3501 RICKENBACKER CSWY.
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

05 MAY 16 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/12/05

Pres 5/12/05 (305) 461-1920