

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W04022 40549

APPROVED
FILED

04 NOV -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H66603

1. Corporation Name

O.M. Trawlers, Inc.

2. Principal Office Address

306 S. Pinewood Ln

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 271

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32507

Country

USA

City & State

Pensacola, FL

Zip

32592

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/85

5. FEI Number

59-2552372

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frank Patti, Jr.

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

306 S. Pinewood Lane

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

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

Frank Patti, Jr.

REGISTERED AGENT MUST SIGN

Date 10-27-04

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
DP	Frank Patti	306 S. Pinewood Ln	Pensacola, FL 32507
D	Frank Patti, Jr.	306 S. Pinewood Ln.	Pensacola, FL 32507

500042360203
11/01/04--01062--024 **300.00

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 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

Date

10-27-04

Daytime Phone #

CR2E081 (01/04)

PJ 9.06-

MARY M. CALLAWAY, P.A.
ATTORNEY AT LAW
1600 NORTH PALAFOX STREET
P.O. BOX 36097, PENSACOLA, FLORIDA 32516
TELEPHONE (850) 434-2114
FAX 434-2003

October 28, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: O.M. Trawlers, Inc. Document # H66603
 Our Mother, Inc. Document # 393368

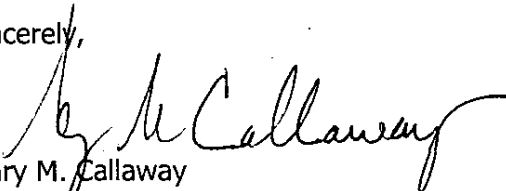
Gentlemen:

Enclosed are Corporation reinstatement forms for the above corporations, along with their checks in the amount of \$300.00 each corporation (\$150.00 for each year 2003 & 2004).

We ask that the reinstatement fee for each corporation be abated as our clients did not receive the annual reports, in order to file timely.

We appreciate your assistance in this matter. If you have any questions, please call our office.

Sincerely,


Mary M. Callaway
MMC/lc

copy: O.M. Trawlers, Inc.
 Our Mother, Inc.