

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # H79184

1. Corporation Name

Theo Thudpucker's Raw Bar & Seafood
Restaurant, Inc.

2. Principal Office Address

2025 Seaway Drive

Suite, Apt. #, etc.

N/A

City & State

Ft. Pierce, FL

Zip

34949

Country

US

3. Mailing Office Address

2025 Seaway Drive

Suite, Apt. #, etc.

N/A

City & State

Ft. Pierce, FL

Zip

34949

Country

US

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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***1350.00 ***1350.00
REINSTATEMENT 98-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/04/85

5. FEI Number

59-2659255

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

Bert M. Anderson

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

2025 Seaway Drive

Suite, Apt. #, Etc.

N/A

City

Ft. Pierce

State
FL

Zip Code
34949

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

Bert M. Anderson

REGISTERED AGENT MUST SIGN

Date

6/1/02

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
PD	Bert M. Anderson	2025 Seaway Drive	Ft. Pierce, FL 34949

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

Bert M. Anderson
Bert M. Anderson

Date

6-1-02

772-465-1078
Daytime Phone #

CR2E081 (9/01)