

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG 14 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J01197

1. Corporation Name

Riverside Seafood, INC.

2. Principal Office Address

Thelma INEZ Creamer

Suite, Apt. #, etc.

PO Box 462

City & State

Apalachicola Florida

Zip

Country

32329

franklin

3. Mailing Office Address

Thelma INEZ Creamer

Suite, Apt. #, etc.

PO Box 462

City & State

Apalachicola Florida

Zip

Country

32329

franklin

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-08/16/02--01056--004

****300.00 ****300.00

4. Date Incorporated or Qualified
To Do Business in Florida

02-26-1986

5. FEI Number

59-2648990

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

Thelma INEZ Creamer

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

Ellis VanVleet St.

Suite, Apt. #, Etc.

City

Apalachicola FL 32329

State

FL

Zip Code

32329

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

Date

REGISTERED AGENT MUST SIGN

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
D	Creamer Charles W	Ellis VanVleet St.	Apalachicola FL 32329
D.S	Creamer Thelma INEZ	Ellis VanVleet St	Apalachicola FL 32329

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: Thelma Creamer Thelma INEZ Creamer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-12-02

Daytime Phone #

CR2E081 (9/01)