

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 APR 17 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 523706

1. Corporation Name

ISLAND SEAFOOD COMPANY

2. Principal Office Address

136 Eastport Road

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32218

Country

US

3. Mailing Office Address

PO Box 26329

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32226-6329

Country

US

REINSTATEMENT 01-02

4. Date Incorporated or Qualified

To Do Business in Florida 11/02/1971

5. FEI Number

59-1368319

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

Y.E. Hall, Jr.

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

136 Eastport Road

Suite, Apt. #, Etc.

City

Jacksonville

State
FL

Zip Code
32218

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

REGISTERED AGENT MUST SIGN

Date

4/11/02

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	William E. Bryan, Jr.	136 Eastport Road	Jacksonville/FL/32218
D	Y.E. Hall, Jr.	136 Eastport Road	Jacksonville/FL/32218
S	Christina H. Bryan	136 Eastport Road	Jacksonville/FL/32218
D	Christina H. Bryan	136 Eastport Road	Jacksonville/FL/32218

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: Y.E. Hall, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-11-02

Daytime Phone #

(904) 757-5210

CR2E081 (9/01)