2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K84465

KEVIN R. CARLSON,

ATLANTIC BEACH, FL 32233

76 LEVY ROAD

Name:

Address:

City-St-Zip:

FILED Oct 17, 2005 Secretary of State

Entity Nar	me: GYPSY S	SEAFOOD, INC.			
Current Principal Place of Business:			New Principal Plac	e of Business:	
	BAY STREE VILLE, FL 32				
Current M	ailing Addre	ss:	New Mailing Addre	New Mailing Address:	
	BAY STREE VILLE, FL 32				
FEI Number:	: 59-2947071	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
501 WEST	ROBERT B. BAY STREE VILLE, FL 32				
	named entity of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUR	RE: ROBERT	B. PARRISH			
	Electro	nic Signature of Registered Age	ent	Date	
		03(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (PARRISH, ROI 501 W. BAY S' JACKSONVILL	т.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (CARLSON, FR 2409 PINE ISL JACKSONVILL	AND COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TIMOTHY G. S	NS BLUFF ROAD SOUTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JOHN W. SHE	S HOLLOW COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FRED CARLSON D 10/17/2005