


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2005 APR 13 P 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000003257

1. Limited Liability Company's Name  
BOSTON SEAFOOD WHOLESALE, LLC

2. Principal Office Address  
6805 NW 18TH DR

Suite, Apt. #, etc.

3. Mailing Office Address  
6805 NW 18TH DR

Suite, Apt. #, etc.

City & State  
GAINESVILLE, FL

Zip Country  
32653 U.S.A

City & State  
GAINESVILLE, FL

Zip Country  
32653 U.S.A

4. State/Country of Formation  
FL

5. Date Organized or Qualified To Do Business in Florida  
3/22/2000

6. FEI Number Applied For  
59-3644426 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
BRIAN CARLOS

Street Address (P.O. Box Number is Not Acceptable)  
8616 SW 8TH PL

Suite, Apt. #, Etc.

City  
Gainesville

800054349908  
05/13/05--01004--010 \*\*250 00

State Zip Code  
FL 32607

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/5/05

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	BRIAN F. CARLOS	8616 SW 8TH PL	Gainesville, FL 32607
V.P.	MARCELINO CARLOS	8616 SW 8TH PL	Gainesville, FL 32607

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date 4/5/05 Daytime Phone# 352-335-7933

Typed or printed name of signing Managing Member/Manager BRIAN CARLOS

CR2E041 (10/02)