

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

NOV 26 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900138254449
11/25/08--01010--006 **1071.25

DOCUMENT # L01000003222

1. Limited Liability Company's Name

Sequest Seafood LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

185 N Bayshore Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Eastpoint FL

City & State

Zip

32328

Country

Franklin

Zip

32328

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/02/2001

6. FEI Number

59-1912898

Applied For

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

Bruce Millender

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

185 N Bayshore Dr.

Suite, Apt. #, Etc.

City

Eastpoint

State

FL

Zip Code

32328

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

B. Millender

REGISTERED AGENT MUST SIGN

Date

11/24/08

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
MBR MBR	Bruce Millender	185 N Bayshore Dr	Eastpoint, FL 32328

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

B. Millender

Date

11/24/08

Daytime Phone #

850-670-8876

Typed or printed name of signing Managing Member/Manager

Bruce Millender