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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008-2009
LIMITED LIABILITY
COMPANY
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 13 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005657

1. Limited Liability Company's Name

Seminole Fish Farms, LLC

2. Principal Office Address

9105 Old St Augustine Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

same

City & State

Tallahassee, FL 32311

City & State

Zip

Country

Zip

Country

4. State/Country of Formation

FL/ Leon USA

5. Date Organized or Qualified
To Do Business in Florida

4/11/01

6. FEI Number

05-0555584

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

Johnny Petrandis II

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

9105 Old St Augustine Rd

Suite, Apt. #, Etc.

Tallahassee, FL

City

State

FL

Zip Code

32311

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

Date 2/27/03

REGISTERED AGENT MUST SIGN

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
mgr all	Johnny Petrandis II	9105 Old St Augustine Rd	Tallahassee, FL 32311

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 2/27/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

I did not receive the Annual Report For
Seminole Fish Farms for 2002

JK

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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