

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000014328
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000014328

Name and Mailing Address

0003355 01 FP 0.352 **PRSR T1 0 0615 33316-252412

BOSTON SEAFOOD & LOBSTER COMPANY, LLC
312 SOUTHEAST 17TH STREET
SECOND FLOOR
FT. LAUDERDALE FL 33316-2524

700009412977
12/09/02--01025--002 **150.00



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 312 SOUTHEAST 17TH STREET SECOND FLOOR FT. LAUDERDALE FL 33316		5. Date Organized or Qualified To Do Business in Florida 08/23/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 651131971 Applied For Not Applicable	
8. Name and Address of Current Registered Agent SAAVEDRA, DAMASO 312 SOUTHEAST 17TH STREET SECOND FLOOR FT. LAUDERDALE FL 33316		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <i>Rebecca Stohly</i> Date <i>11/20/02</i> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PITTSLEY, DONALD	312 SOUTHEAST 17TH STREET	FT. LAUDERDALE FL 33316
REINSTATEMENT <i>2002</i>			
<i>12/10/02</i>			

12. I certify that I am managing member/manager for 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 on 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 *Donal Pittsley* Date *11/20/02* Daytime Phone #

Typed or printed name of signing Managing Member/Manager