Division of Corporations

L01 0000 16459

Florida Department of State

Division of Corporations

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Account Number : I20020000037
Phone : (407)894-1557
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

FLORIDA BAY SEAFOOD-ORLANDO, LLC

Certificate of Status	0
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Page Count	01
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L01-16459

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000016459

1. Limited Liability Company's Name

Florida Bay Seafood-Orlando, LLC

2. Principal Office Address		**3.** Mailing Office Address	
5626 Curry Ford Rd.		5626 Curry Ford Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		City & State: Orlando, FL	
Zip: 32822	Country: USA	Zip: 32822	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/21/2001

6. FEI Number: 59-3739657 ☐ 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: James Ma

Street Address (P.O. Box Number is Not Acceptable): 5626 Curry Ford Rd.

Suite, Apt. #, Etc.:

City: Orlando | State: FL | Zip Code: 32822

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: James Ma REGISTERED AGENT MUST SIGN Date: 11/12/02

CR2E041 (9/01)

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
MGRM	James Ma	9 Chickadee Lane	N. Easton MA 02356
MGRM	Yu-Chi Sun	3820 Lochnora Parkway	Durham, NC 27705
MGRM	Teh-Hsien Chen	8206 Gallaher Station Dr.	Knoxville, TN 37919

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: James Ma Date: 11/12/02 Daytime Phone #: 407-282-1088

Typed or printed name of signing Managing Member/Manager: James Ma