

L01 0000 16459

Florida Department of State
Division of Corporations
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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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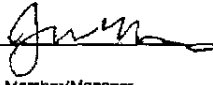
L01-16459

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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 5626 Curry Ford Rd. Suite, Apt. #, etc.		3. Mailing Office Address 5626 Curry Ford Rd. 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 		Date 11/12/02	
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
MGRM	James Ma	9 Chickadee Lane	N. Easton MA 02356
MGRM	Yu-Chi Sun	3820 Lochнора 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 608.408, 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 11/12/02	
Typed or printed name of signing Managing Member/Manager James Ma		Daytime Phone # 407-202-1082	

CR2004 (9/01)