
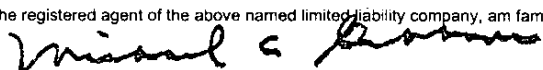
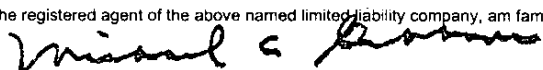
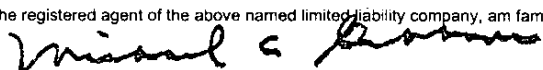
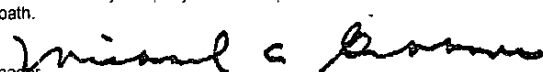
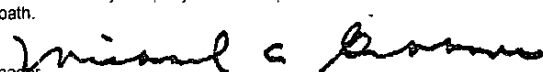
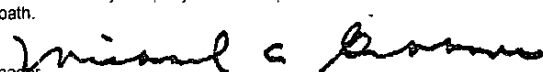


FILED

07 OCT -5 PM 3: 20

SECRET
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;">FILED</div> <div style="text-align: center;">07 OCT -5 PM 3: 20</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>																	
DOCUMENT # L030000 28183																					
1. Limited Liability Company's Name REAL SEAFOOD COMPANY OF NAPLES, LLC																					
2. Principal Office Address - No P.O. Box # 8960 FONTANA DEL SOL WAY		3. Mailing Office Address 3051 MILLER ROAD		4. State/Country of Formation NAPLES FL 5. Date Organized or Qualified To Do Business in Florida 07/31/03 6. FEI Number 200129872 <table border="1" style="width: 100%;"><tr><td style="width: 80%;">7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/></td><td style="width: 20%;">\$5.00 Additional Fee required for a Certificate of Status</td></tr></table>		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status														
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State NAPLES FL		City & State ANN ARBOR MI																			
Zip 34109	Country USA	Zip 48103	Country USA																		
8. Name and Address of Current Registered Agent <table border="1" style="width: 100%;"><tr><td colspan="3">Name GIBBONS, MICHAEL C</td></tr><tr><td colspan="3">Street Address (P.O. Box Number is Not Acceptable) 21775 SOUND WAY</td></tr><tr><td colspan="3">Suite, Apt. #, Etc. UNIT 102</td></tr><tr><td>City ESTERO</td><td>State FL</td><td>Zip Code 33928</td></tr></table>				Name GIBBONS, MICHAEL C			Street Address (P.O. Box Number is Not Acceptable) 21775 SOUND WAY			Suite, Apt. #, Etc. UNIT 102			City ESTERO	State FL	Zip Code 33928	<input checked="" type="checkbox"/> 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.					
Name GIBBONS, MICHAEL C																					
Street Address (P.O. Box Number is Not Acceptable) 21775 SOUND WAY																					
Suite, Apt. #, Etc. UNIT 102																					
City ESTERO	State FL	Zip Code 33928																			
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. <table style="width: 100%;"><tr><td style="width: 60%;">Signature of Registered Agent </td><td style="width: 40%;">Date 9/27/07</td></tr><tr><td colspan="2" style="text-align: center;">REGISTERED AGENT MUST SIGN</td></tr></table>				Signature of Registered Agent 	Date 9/27/07	REGISTERED AGENT MUST SIGN															
Signature of Registered Agent 	Date 9/27/07																				
REGISTERED AGENT MUST SIGN																					
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Managing Members/Managers</th><th style="width: 30%;">Street Address of Each Managing Member/Manager</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>MGRM</td><td>GIBBONS, MICHAEL C</td><td>21775 SOUND WAY UNIT 102</td><td>ESTERO FL 33928</td></tr><tr><td>MGRM</td><td>SERRAS, DENNIS</td><td>605 S. MAIN, STE 2</td><td>ANN ARBOR MI 48104</td></tr><tr><td colspan="4" style="text-align: center;"><div style="display: flex; justify-content: space-between;"><div>REINSTATEMENT</div><div>000110178540 10/02/07--01023--010 **150.00</div></div><div style="text-align: right; font-size: 1.5em;">05-07</div></td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	GIBBONS, MICHAEL C	21775 SOUND WAY UNIT 102	ESTERO FL 33928	MGRM	SERRAS, DENNIS	605 S. MAIN, STE 2	ANN ARBOR MI 48104	<div style="display: flex; justify-content: space-between;"><div>REINSTATEMENT</div><div>000110178540 10/02/07--01023--010 **150.00</div></div> <div style="text-align: right; font-size: 1.5em;">05-07</div>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip																		
MGRM	GIBBONS, MICHAEL C	21775 SOUND WAY UNIT 102	ESTERO FL 33928																		
MGRM	SERRAS, DENNIS	605 S. MAIN, STE 2	ANN ARBOR MI 48104																		
<div style="display: flex; justify-content: space-between;"><div>REINSTATEMENT</div><div>000110178540 10/02/07--01023--010 **150.00</div></div> <div style="text-align: right; font-size: 1.5em;">05-07</div>																					
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. <table style="width: 100%;"><tr><td style="width: 50%;">Signature of Managing Member/Manager </td><td style="width: 20%;">Date 9/27/07</td><td style="width: 30%;">Daytime Phone # 234-327-0300</td></tr><tr><td colspan="3">Typed or printed name of signing Managing Member/Manager Michael C. Gibbons</td></tr></table>						Signature of Managing Member/Manager 	Date 9/27/07	Daytime Phone # 234-327-0300	Typed or printed name of signing Managing Member/Manager Michael C. Gibbons												
Signature of Managing Member/Manager 	Date 9/27/07	Daytime Phone # 234-327-0300																			
Typed or printed name of signing Managing Member/Manager Michael C. Gibbons																					