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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000002935

Name and Mailing Address

0016077 01 MB 0.309 **AUTO T9 0 0615 36542-907821



SHRIMP BASKET OF FLORIDA, L.L.C.
4521 CORAL CIRCLE
GULF SHORES AL 36542-9078

800024179568

10/27/03--01122--011 **150.00



2. New Mailing Address		4. State/Country of Formation AL	
City, State, Zip 14600 Perdido Key Dr FL 32507		5. Date Organized or Qualified To Do Business in Florida 11/06/2002	
Principal Place of Business 4521 CORAL CIRCLE GULF SHORES AL 36542	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 73-1658439	Applied For Not Applicable
8. Name and Address of Current Registered Agent STRICKLAND, KATHY 701 BAY CLIFF GULF BREEZE FL 32561		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 David Cahoon Street Address (P.O. Box Number is Not Acceptable) 14600 Perdido Key Dr City Pensacola FL Zip Code 32507			
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 <u>[Signature]</u> SIGNATURE REQUIRED Date 10-22-03 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
MGR	SHRIMP BASKET, INC.	301 GULF SHORES PKWY	GULF SHORES AL 36542
MGR	CAHOON, DAVID P	621 FT. MORGAN RD 4521 Coral Circle	GULF SHORES AL 36542
mgr	Eddie spence	P.O. Box 904	Gulf Shores AL 36547
mgr	David Cahoon	14600 Perdido Key Dr	pensacola FL 32507
REINSTATEMENT 03 dec			
12. 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 <u>[Signature]</u> SIGNATURE REQUIRED		Date 10-22-03 Daytime Phone # 251-979-4333	
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)