

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

99 NOV 23 AM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000737

1. Limited Liability Company's Name

ISLAMORADA FISH COMPANY, L.L.C.

2. Principal Office Address

144 INDUSTRIAL ROAD

Suite, Apt. #, etc.

City & State

ISLAMORADA FL

Zip

33036

Country

USA

3. Mailing Office Address

2500 E. KEARNEY

Suite, Apt. #, etc.

City & State

SPRINGFIELD, MO

Zip

65898

Country

USA

4. State/Country of Formation

Missouri

5. Date Organized or Qualified
To Do Business in Florida

11/7/97

6. FEI Number

43-1765611

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

State will not issue a certificate of status if the company is not in good standing.

8. Name and Address of Current Registered Agent

Name

NICK MULICK

Street Address (P.O. Box Number is Not Acceptable)

81990 OVERSEAS HIGHWAY

Suite, Apt. #, Etc.

SUITE 201

City

ISLAMORADA

State

FL

Zip Code

33036

300003060843-1

12/06/98-01001-05

***150.00 ***150.00

9. I, being appointed the registered agent of the limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Nick Mulick

REGISTERED AGENT MUST SIGN

Date 11/11/97

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	GEORGE HERTEL	136 SEASHORE DRIVE	ISLAMORADA, FL 33036

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

George Hertel

Date 11/11/97

Daytime Phone # 305-664-8689

Typed or printed name of signing Managing Member/Manager

GEORGE HERTEL

CR2041 (3/97)