

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 16 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****245.00 ****245.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003788

1. Corporation Name

HIDDEN COAST SHELLFISH PRODUCERS
ASSOCIATION, INC.

2. Principal Office Address

PINEWOOD & ROLLISON ST PO BOX 1148
Suite, Apt. #, etc.

3. Mailing Office Address

PINEWOOD & ROLLISON ST PO BOX 1148
Suite, Apt. #, etc.

City & State

CROSS CITY, FL

City & State

CROSS CITY, FL

Zip

32628

Country

U.S.A.

Zip

32628

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/4/98

5. FEI Number

59-3524963

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JERRY L. FULFORD

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

PINEWOOD & ROLLISON STREET

Suite, Apt. #, Etc.

City

CROSS CITY

State

FL

Zip Code

32628

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Jerry L. Fulford
REGISTERED AGENT MUST SIGN

Date 5/23/12

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P&D	DAVID F. CAPO	Hwy 351-NORTH	CROSS CITY, FL 32628
OW/P	JOSEPH M. SPADLEY	2ND AVE. EAST	HORSESHOE BEACH, FL 32648
OS/T	JERRY L. FULFORD	PINEWOOD & ROLLISON	CROSS CITY, FL 32628
D	EDWARD O. ELLISON	6TH AVENUE WEST	HORSESHOE BEACH, FL 32648

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Jerry L. Fulford JERRY L. FULFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/12 352-498-5892
Date Daytime Phone #