

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT -2 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000031909

1. Corporation Name

Sum Pin JACK SEAFOOD, Inc.

2. Principal Office Address

15291 NW 60th Ave

Suite, Apt. #, etc.

106

City & State

MIAMI LAKES FLORIDA

Zip

33014

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/2000

5. FEI Number

59-3637125

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

RALPH G. Dephore

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

15291 NW 60th Ave

Suite, Apt. #, Etc.

106

City

MIAMI LAKES FL

700004621867 --E

10/03/01-01059-016

***150.00 *** 50.00

State

FL

Zip Code

33014

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

SAJ

REGISTERED AGENT MUST SIGN

Date

9/30/2001

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
Pres	R. G. Dephore	15291 NW 60th Ave #106	MIAMI LAKES FL 33014

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/2001 305-219-9544

Daytime Phone #

CR2E081 (9/01)

15291 nw 60th ave
suite 106
MIAMI LAKES , FLORIDA
33014

JUMPIN JACK SEAFOOD

October 1, 2001

DEPARTMENT OF STATE

REINSTATEMENT DIVISION

ENCLOSED IN THIS PACKAGE IS THE APPLICATION FOR REINSTATEMENT OF CORPORATE STATUS AND A CHECK FOR \$150.00. PLEASE WAIVE REINSTATEMENT FEE AS JUMPIN JACK NOR IT'S CORPORATE OFFICERS HAVE EVER RECEIVED NOTIFICATION FROM THE STATE AS TO FEES DUE. WE ALSO ASK THAT OUR MAILING ADDRESS BE CHECKED AND CHANGED IN YOUR RECORDS IF NOT CORRECT.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gerry Dephoure', with a long horizontal line extending to the right.

GERRY DEPHOURE
PRESIDENT