

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN -7 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS



0102

DOCUMENT # P00000031909

1. Corporation Name

Sum Pin JACIL SEAFOOD, INC.

2. Principal Office Address

6001 NW 153rd St

Suite, Apt. #, etc.

Suite F

City & State

Miami Lakes FL

Zip

33014

Country

USA

3. Mailing Office Address

6001 NW 153rd St

Suite, Apt. #, etc.

Suite F

City & State

Miami Lakes FL

Zip

33014

Country

USA

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

G. Dephore

500009922505

01/07/03--01068--001 \*\*301.00

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

2044 Carleton Arms Circle

Suite, Apt. #, Etc.

City

Brenton

State

FL

Zip Code

34208

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

[Signature]

Date

1/3/03

REGISTERED AGENT MUST SIGN

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	Dephore, R.G.	6001 NW 153rd St	
VP		Suite (A) Miami Lakes FL	
		33014	
VP	Francois Dephore	6001 NW 153rd St	
		Suite (A)	
		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]

G. Dephore

1/3/03

305-299544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

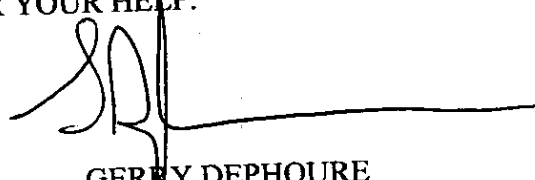
CP2E081 (10/02)

2/18

**JUMPIN JACK SEAFOOD**  
6001 NW 153<sup>RD</sup> STREET  
SUITE F  
MIAMI LAKES FLORIDA  
305 558 7272

TO WHOM IT MAY CONCERN,

ENCLOSED IS A CHECK FOR 2002 AND 2003 FEES FOR CORPORATION FEES  
JUMPIN JACK SEAFOOD DID NOT RECEIVE FORMS NOR DID THE  
REGISTERED AGENT OF THE CORPORATION DUE TO CHANGES IN  
ADDRESSES FOR BOTH .ON THE REINSTATEMENT FORM THE NEW  
ADDRESSES ARE LISTED FOR BOTH. ALTHOUGH WE DID HAVE MAIL  
FORWARDING FOR PREVIOUS ADDRESSES IT IS POSSIBLE THAT THE TIME  
MAY HAVE EXPIRED .WE APOLOGISE FOR THIS AND HUMBLY REQUEST  
REINSTATEMENT. THANK YOU FOR YOUR HELP.

A handwritten signature in dark ink, appearing to be 'Gerry Dephoure', written over a horizontal line.

GERRY DEPHOURE  
REGISTERED AGENT  
JUMPIN JACK SEAFOOD