

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P00000039491**

1. Entity Name  
**NIELSEN GOLDEN CRAB FISHERY, INC.**



FILED

05 DEC 27 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1600 SE 17TH ST CSWY.  
STE. 404  
FORT LAUDERDALE, FL 33316

Mailing Address  
1600 SE 17TH ST CSWY.  
STE. 404  
FORT LAUDERDALE, FL 33316

2. Principal Place of Business  
**6550 North Federal Highway**

3. Mailing Address  
**6550 North Federal Highway**

Suite, Apt. #, etc.  
**Suite 522**

Suite, Apt. #, etc.  
**Suite 522**

City & State  
**FT. Lauderdale FL**

City & State  
**FT. Lauderdale FL**

Zip  
**33308**

Country  
**USA**

Zip  
**33308-1417**

Country  
**USA**

12222005 REIN-P CR2E098 (6/04)

4. FEI Number  
**65-1005044**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BENNETT, THERESA M**  
1600 SE 17TH ST. CSWY.  
STE. 404  
FORT LAUDERDALE, FL 33316

**7. Name and Address of New Registered Agent**

Name  
**Mitchell ALLEN**  
Street Address (P.O. Box Number is Not Acceptable)  
**6550 North Federal Highway**  
**Suite 522**  
City  
**FT. Lauderdale** **FL** Zip Code  
**33308-1417**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12/21/05**

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTSD**  
**WHIPPLE, WILLIAM O** ☐ Delete  
**1154 MAIN RD.**  
**WESTPORT, MA 02790**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

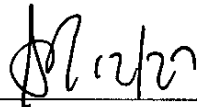
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**200062511832**  
**12/30/05--01052--019 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  


TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #