

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN 17 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000111730**

1. Corporation Name

KONOPKI Seafood, Inc.

2. Principal Office Address

3815 N. U.S. 1

Suite, Apt. #, etc.

#34

City & State

COCOA FLA

Zip

32927

Country

U.S.A.

3. Mailing Office Address

RD#4

Suite, Apt. #, etc.

Box 940

City & State

Hopewell PA

Zip

18431

Country

U.S.A.

2001-2002 UBR

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

11/30/00

5. FEI Number

☒ 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

BOB Williams

600004880106--6

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

3815 N. U.S. 1

-02/05/02--01037--15

******300.00 ****300.00**

Suite, Apt. #, Etc.

#34

City

COCOA

State

FL

Zip Code

32927

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

Bob Williams

Date

1/13/02

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
D	MARK KONOPKI	RD#4 Box 940	Hopewell PA 18431
D	DIANA KONOPKI	RD#4 Box 940	Hopewell, PA 18431

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:

Mat Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/02

Daytime Phone #

570-729-7945

CR2E081 (9/01)

2 of 2

Konopki Seafood Inc.
RR#4 Box 940
Honesdale, PA 18431
(570)729-7945

January 14, 2002

Florida Department of State
Division of Corporation
Tallahassee, FL 32314

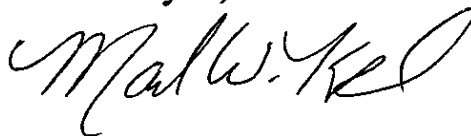
Dear Florida Department of State,

This letter is in reference to the annual corporation-filing fee for Konopki Seafood Inc. We did not file last year because we did not receive the forms. It was sent to the wrong address. Enclosed you will find the appropriate payment for the fee that is owed. In the future please use our corporate address for all forms that are sent out.

Mailing Address:
Konopki Seafood Inc.
RR#4 Box 940
Honesdale, PA 18431
(570)729-7945

Physical Address:
Konopki Seafood Inc.
3815 North US 1
Cocoa, FL 32927

Thank you,



Mark W. Konopki
Konopki Seafood Inc.