

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000002004**

1. Corporation Name

NORTHEAST LOBSTER & SEAFOOD INC.

Principal Place of Business

1101 SOUTH DIXIE HIGHWAY WEST
POMPANO BEACH FL 33060

Mailing Address

1101 SOUTH DIXIE HIGHWAY WEST
POMPANO BEACH FL 33060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2001

5. FEI Number

~~65-107-65-84~~

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	SCHNARE, ANDY	59 MATHESON RD., BLONDFORD, NOVA	CANADA B0J 1T0
		99 Silver Street, Apt. 3-6	Portland, ME 04101

8. Name and Address of Current Registered Agent

~~ALEXANDRE, DIXON~~
~~101 W. SUNRISE BLVD.~~
~~FORT LAUDERDALE FL 33311~~

9. Name and Address of New Registered Agent

Name

ANDY SCHNARE

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

1101 South Dixie Hwy., West

Suite, Apt. #, Etc.

Pompano Beach

City

Pompano Beach

State

FL

Zip Code

33060

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNATURE REQUIRED~~

REGISTERED AGENT MUST SIGN

Date November 1, 2002

11. 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 REQUIRED~~
Andy Schnare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 Nov, 2002 (954) 593-8196

Date

Daytime Phone #

CR2E040 (8/02)

NORTHEAST
LOBSTER & SEAFOOD

DEEP COVE
QUALITY ATLANTIC SEAFOOD

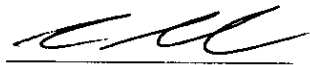
To Whom It May Concern:

This letter is to inform you that I, or nobody in my office, has received any prior notices regarding the requirement to file a Corporation Annual Report/Uniform Business Report. In fact, it appears that the person initially appointed as the Registered Agent has virtually disappeared and this may be the reason that we have not been receiving this type of correspondence.

I herewith respectfully request that the reinstatement fee be waived and have enclosed a check of \$150.00 for the annual filing fee.

Thank you, in advance, for your consideration.

Respectfully,



Andy L. Schnare
President

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1101 South Dixie Highway
Pompano Beach, Florida, USA
33060

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