

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 30 AM 9:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000021576

1. Corporation Name

AMERISEAS INTERNATIONAL, INC.

2. Principal Office Address

9600 KOGER BLVD.

Suite, Apt. #, etc.

200.

City & State

ST PETERSBURG, FL

Zip

33702

Country

PINELLAS

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

800011182588

01/29/03--01058--006 **150.00

7. Name and Address of Current Registered Agent

Name

JOHN F MARTIN

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

3150 SANDY RIDGE DR.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33702

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

Date

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
<u>PRESIDENT</u>	<u>MARK SAMARICH</u>	<u>9600 KOGER BLVD</u>	<u>ST PETERSBURG, FL</u> <u>33702</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-17-02

Daytime Phone #

CR2E081 (8/01)

js 1/31



AMERISEAS INTERNATIONAL, INC. *A Professional Seafood Company*

1/23/03

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations

Dear Secretary of State

It was brought to our attention that our corporation was inactive, as we did not file our \$150.00 annual fee. I contacted your office and was instructed to send the \$150.00, this letter and I believe along with the reinstatement form. The original notification for the fees due was sent to an old address at 100 Second Ave. and was not received at our current address. We are still doing business in the State of Florida and except our apologies for not receiving the correct statements to pay in the appropriate time.

I have provided you with the corporation reinstatement form with our correct address. Enclosed is a check for \$150.00.

Thank you, for your attention on this matter.

Best regards,



Mark Samardich