2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000025843

1. Entity Name
J L TRENT'S SEAFOOD & GRILL INC.

FILED
08 MAY 19 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

Principal Place of Business	Mailing Address
4553 120TH ST JACKSONVILLE, FL 32244 US	10419 OLD PLANK RD JACKSONVILLE, FL 32220

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	4553 120th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Jacksonville, FL
Zip / Country	Zip: 32244 / Country

4. FEI Number: 59-3702757 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORDHAM, SCOTT 1241 S MCDUFF AVE JACKSONVILLE, FL 32205	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TRENT, JAMES L 9722 OLD PLANK RD JACKSONVILLE, FL 32220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200130903762 06/05/08--01018--025 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TRENT, RAYMOND E JR 4731 RIVERDALE RD JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/5/24	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 exemptions contained in Chapter 119, 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: James L Trent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #