

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 17 AM 11:45
2006

DOCUMENT # P01000035245

1. Corporation Name

MAIN STREET SEAFOOD, INC

200073501092
05/01/06--01054--026 **750.00

CR2E081 (12/05)

2. Principal Office Address

416 W 25th ST

Suite, Apt. #, etc.

City & State

JAX, FL

Zip

32206

Country

DUVAL

3. Mailing Office Address

221 N HOGAN 156

Suite, Apt. #, etc.

156

City & State

JAX, FL

Zip

32202

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

4/06/2002

5. FEI Number

593704786

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

MAURICE BAKER

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

221 N HOGAN ST

Suite, Apt. #, Etc.

156

City

JAX, FL

State

FL

Zip Code

32202

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

Maurice Baker

Date

4/6/2006

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	TYREESA BAKER	11 E FORSYTH ST	JAX, FL 32202
D	HENRY WASHINGTON	416 W 25th ST	JAX, FL 32206
D	CRAIG JAMES	7402 RIVERSIDE	JAX, FL 32205

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 contained in Chapter 119, 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:

Tyrese Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/06

Daytime Phone #