

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 15 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11102004 REIN-P CR2E098 (6/04)

DOCUMENT # P01000048673 1. Entity Name SMOKEY'S FISH MARKET, INC.					
Principal Place of Business 3646 GRAND AVE MIAMI, FL 33133			Mailing Address 3646 GRAND AVE MIAMI, FL 33133		
2. Principal Place of Business 3646 Grand Ave		3. Mailing Address 3646 Grand Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-1103727	
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, TIMOTHY 16167 SW 101 TER MIAMI, FL 33196			7. Name and Address of New Registered Agent 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 <u><i>Timothy Williams</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$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	DPST WILLIAMS, TIMOTHY 16167 SW 101 TER MIAMI, FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, JAMES T 16167 SW 101 TER MIAMI, FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Timothy Williams</u> <i>Timothy Williams</i> 11/15/04 (786) 234-0746 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					