

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

DOCUMENT # P01000071358

02 NOV 18 AM 11:08

1. Corporation Name

ALLEN & HATIN AQUACULTURE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
37-373-1565

Principal Place of Business

525 2ND STREET
CEDAR KEY FL 32625

Mailing Address

525 2ND STREET
CEDAR KEY FL 32625

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

2. New Principal Office Address, If Applicable

Highway 24
Suite, Apt. #, etc.
Back Bayou Bridge
City & State
Cedar Key, Florida
Zip
32625 Country
Levy

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
P.O. 925
City & State
Cedar Key, Florida
Zip
32625 Country
Levy

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2001

5. FEI Number

59-3739565

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	R. Joseph Hatin	P.O. 925	Cedar Key, FL 32625
VP	James H. Allen	P.O. 761	" " "
ST	James A. Allen	P.O. 846	" " "

500008694255
10/30/02 01032 022 **150.00

8. Name and Address of Current Registered Agent

HATIN, JOSEPH
525 2ND STREET
CEDAR KEY, FL 32625

P.O. Box
925
Cedar Key
Florida 32625

9. Name and Address of New Registered Agent

Name

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

525 Second St

Suite, Apt. #, Etc.

City

Cedar Key, FL

State

FL

Zip Code

32625

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 10-21-02

11. I certify that I am an officer or director of 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-02 352-543-5798
Date Daytime Phone #

10-21-02

To : Florida Department of State
From : Allens and Hatin Aquaculture, Inc.
Re : Re-instatement

Sir: Please be advised that I, we, have never received any prior uniform business report (UBR) notices at our mailing address. Furthermore, as the United States Postal Service offers no mail delivery at street addresses on the island of Cedar Key, our Post Office Box 925 is to be utilized for any future communications.

We have completed the re-instatement form and noticed our new mailing address.
Thank you!

Joseph Hatin