

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -1 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000082630

1. Corporation Name

SHRIMP ETC. INC.

Principal Place of Business

5100 N 9 AVE UNIT J-931
PENSACOLA FL 32504

Mailing Address

5100 N 9 AVE UNIT J-931
PENSACOLA FL 32504

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

5. FEI Number

593742985

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VAN TRUONG, CHRISTIAN	6647 HALLENDALE DR	PENSACOLA FL 32526
V	NGUYEN, MINH-CHAU	6647 HALLENDALE DR	PENSACOLA FL 32526

1000008259881
11/01/02--01073--003 **150.00

8. Name and Address of Current Registered Agent

VAN TRUONG, CHRISTIAN
6647 HALLENDALE DR
PENSACOLA FL 32526

9. Name and Address of New Registered Agent

Name

CHAU NGUYEN

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

6647 HALLENDALE DR

Suite, Apt. #, Etc.

PENSACOLA

State
FL

Zip Code
32526

CR2E040 (8/02)

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

CHAU NGUYEN

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-28-02

11. 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:

CHAU NGUYEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-02 850-261-9005

October 28, 2002

Shrimp Etc. Inc.
5100 North 9th Avenue #J931
Pensacola, FL 32504

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I just received the notice of administrative dissolution or revocation from Florida Department of State. I never received the uniform business report notices. What procedures do I need to implement to be reinstated? Thank you for your time.

Sincerely,

Minh Chau T. Nguyen
Vice President

A handwritten signature in black ink, appearing to read 'Minh Chau T. Nguyen', with a long horizontal line extending to the right.

p.s. Would you please mail all notices and publications to 6647 Hallendale Dr.
Pensacola, FL 32526? Thank you.