

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 SEP 14 AM 6:49

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 002000043044

1. Corporation Name

FRESH KETCH, INC.

2. Principal Office Address

470 W. Dearborn St

Suite, Apt. #, etc.

3. Mailing Office Address

470 W. Dearborn St

Suite, Apt. #, etc.

City & State

Englewood, FL

Zip

34223

Country

U.S.A.

City & State

Englewood, FL

Zip

34223

Country

USA

REINSTATEMENT 03 05
CRZE001 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/12/2002

5. FEI Number

36-4495286

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

Berkovitz, Norma

300059621773

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

470 W. Dearborn Street.

09/14/05--01042--001 **1050.00

Suite, Apt. #, Etc.

City

Englewood

State

FL

Zip Code

34223

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**

Norma M. Berkovitz
REGISTERED AGENT MUST SIGN

Date 09/13/2005

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
P, S, T, D	Berkovitz, Norma	470 W. Dearborn St.	Englewood, FL 34223

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 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:

Norma M. Berkovitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/2005
Date

Daytime Phone #