

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000059277

1. Corporation Name

HERRING SEAFOOD COMPANY, INC.

Principal Place of Business

1703 SHERWOOD LAKE BOULEVARD
LAKELAND FL 33809

Mailing Address

1703 SHERWOOD LAKE BOULEVARD
LAKELAND FL 33809

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

05/28/2002

5. FEI Number

72-152-2813

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
D	HERRING, DANIEL R	1703 SHERWOOD LAKE BOULEVARD	LAKELAND FL 33809
D	HERRING, JUDITH G	1703 SHERWOOD LAKE BOULEVARD	LAKELAND FL 33809

800024375828

11/03/03--01032--022 **150.00

8. Name and Address of Current Registered Agent

FAUGHT, ELLIS R
206 MASON STREET
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 10-30-03

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863
866-0090

10-30-03

CR2E040 (7/03)



HERRING SEAFOOD COMPANY, INC.

IMPORTER & DISTRIBUTOR

DAN HERRING

PRESIDENT

Cell: 863-738-1036

Tel: 863-816-0090

Fax: 863-815-3851

Email: herringseafood@aol.com



1703 Sherwood Lakes Blvd

Lakeland, FL 33809

10/25/2003

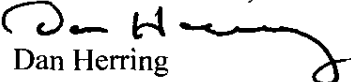
Herring Seafood Company, Inc.
1703 Sherwood Lakes Blvd.
Lakeland, FL 33809

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

To whom it may concern;

This letter serves as a request for the reinstatement of Herring Seafood Co. Inc. Let me explain that I am a new company that is struggling to continue forward, however due to lack of experience I was not aware that I had to file an annual report. Shame on me for my ignorance. I have enclosed a check in the amount of \$150.00 as instructed by an executive in your office in hopes for reinstatement.

Thanks in advance,


Dan Herring
President