

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 17 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000023100

1. Corporation Name

Schooner Bay Seafood Inc.

2. Principal Office Address - No P.O. Box #

126 River Oaks Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

126 River Oaks Rd.

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

City & State

Melbourne Beach, FL

Zip

32951

Country

USA

Zip

32951

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2-21-03

5. FEI Number

65-1178390

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

18.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kevin Kulik

Street Address (P.O.)

126 River Oaks Rd.

Suite, Apt. #, Etc.

City

Melbourne Beach

State

FL

Zip Code

32951

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **2-14-09**

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
Pres.	Kevin Kulik	126 River Oaks Rd.	Melbourne Beach, FL 32951

800143747818
02/17/09 01010-028 ***900.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Kulik

2-14-09

Date

321-952-0390

Daytime Phone #