2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# P04000163900

Entity Name: KING CRAB SEAFOOD PALACE, INC.

Current Principal Place of Business:

1410 N. 25TH STREET
FORT PIERCE, FL 34947

New Principal Place of Business:

1410-A N. 25TH STREET
FORT PIERCE, FL 34947

Current Mailing Address:

1410 N. 25TH STREET
FORT PIERCE, FL 34947

New Mailing Address:

800 TREASURE CAY DRIVE
102
FORT PIERCE, FL 34947

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JONES, ISAAC L
3081 HAMMOND ROAD
FORT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

JONES, ISAAC L
800 TREASURE CAY DRIVE
102
FORT PIERCE, FL 34947 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ISAAC L JONES 04/06/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JONES, ISAAC L SR.
Address: 3081 HAMMOND ROAD
City-St-Zip: FORT PIERCE, FL 34946 US

Title: VP ( ) Delete
Name: BROWN, GARY C SR.
Address: 2603 AVENUE R
City-St-Zip: FORT PIERCE, FL 34947 US

Title: T (X) Delete
Name: JONES, ANDREA B
Address: 3081 HAMMOND ROAD
City-St-Zip: FORT PIERCE, FL 34946 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition
Name: JONES, ISAAC L
Address: 800 TREASURE CAY DRIVE #102
City-St-Zip: FORT PIERCE, FL 34947 US

Title: VP/S (X) Change ( ) Addition
Name: JONES, ANDREA B
Address: 800 TREASURE CAY DRIVE #102
City-St-Zip: FORT PIERCE, FL 34947 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAAC L JONES P/T 04/06/2006
Electronic Signature of Signing Officer or Director Date