

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000022240

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Entity Name:** SHRIMP BASKET OF NAVARRE, INC.

**Current Principal Place of Business:**

6501 N DAVIS HIGHWAY  
PENSACOLA, FL 32504 UN

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 904  
GULF SHORES, AL 36547

**New Mailing Address:**

**FEI Number:** 27-5426903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHRIMP BASKET NAVY, INC.  
6501 N DAVIS HIGHWAY  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

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:** EDWIN J SPENCE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CAHOON, DAVID P  
**Address:** 455 COTTON COVE DRIVE  
**City-St-Zip:** GULF SHORES, AL 36542

**Title:** VP  
**Name:** SPENCE, EDWIN J  
**Address:** POST OFFICE BOX 904  
**City-St-Zip:** GULF SHORES, AL 36547

I hereby 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 all other like empowered.

**SIGNATURE:** EDWIN J SPENCE

VP

10/08/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date