

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY -2 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064323 (7)

1. Corporation Name

Ambrosia Seafood Ltd., Inc.

2. Principal Office Address

5440 N. Ocean Dr., #306

Suite, Apt. #, etc.

City & State

Riviera Beach

Zip
33404

Country
USA

3. Mailing Office Address

P.O. Box 10694

Suite, Apt. #, etc.

City & State

Riviera Beach

Zip
33419-1069

Country
USA

REINSTATEMENT

97-00

**4. Date Incorporated or Qualified
To Do Business in Florida** 9/14/93

5. FEI Number 65-0439608

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

Jerald S. Beer

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

515 N. Flagler Dr.

Suite, Apt. #, Etc.

18th Floor

City

West Palm Beach, FL 33401

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FL 33401

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

Jerald S. Beer

REGISTERED AGENT MUST SIGN

Date

4/26/00

CR2E081 (9/99)

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	James Hewitt	5440 N. Ocean Dr., #306	Riviera Beach, FL 33404
/VP	Alan F. Ashton	5440 N. Ocean Dr., #306	Riviera Beach, FL 33404
/VP	Jerald S. Beer	515 N. Flagler Dr. 18th Fl	West Palm Beach, FL 33401

LS

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:

Jerald S. Beer

Jerald S. Beer, Vice-President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

84-832-5400