


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 MAR 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082467

1. Corporation Name

Seafood House, Incorporated

800121268868
03/26/08--01001--027 **1200.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 398 N. Congress Avenue		3. Mailing Office Address <u>1250 S.W. 21st Lane</u> 750 Camino Lakes Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boynton Beach, FL		City & State Boca Raton, FL	
Zip 33426	Country USA	Zip 33486	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/23/93	
5. FEI Number 650456705	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Childs, Susan

Street Address (P.O. Box Number is Not Acceptable)
1250 S.W. 21st Lane

Suite, Apt. #, Etc.

City
Boca Raton, FL

State
FL

Zip Code
33486

☐ 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

Susan Childs
REGISTERED AGENT MUST SIGN

Date 3/19/08

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
V	Labarbera, Joanne	4 Emerson Road	North Brunswick, NJ 08902
P	Childs, Susan	<u>1250 S.W. 21st Lane</u> 750 Camino Lakes Circle	Boca Raton, FL 33486
S T	Stille, John	864 Berkeley Street	Boca Raton, FL 33487
REINSTATEMENT RH 1-08			

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

JOHN STILLE - SECRETARY - TREASURER 3/19/08 561-3758600

Date

Daytime Phone #