~ ~ 4	PLEASE REA	D ALL INS	TRUCTIONS BEFORE	COMPLETING THAS FORM TO	
, ,	ICATION FOR 96 TATEMENT	FLORI	DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	ANATO TO A	
DOCUN	MENT # P9500	0000	5888	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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Principal Place		Mailin Da J			
Pom	0 NE 10 th W Pano Beach 7	dorida	33064		
	esses are incorrect in any way, line bal Office Address, If Applicable		information and enter correction below.	DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified	
Suite, Apt #, e		Suite, Apt.		To Do Business in Florida 1/95	
City & State		City & State		5. FEI Number Applied For Not Applied For Not Applied For	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and		ınd/or Director (F	orida nonprofit corporations must list at le		
Title(s)	Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box	or City / State / Zip	
•	Timothy c		2400 NE 10th St.	4000020479842 -01/07/9701076002 ****375.00 ****375.00	
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	, , , , , , , , , , , , , , , , , , , ,		11	1/2/97	
.,,,	8. Name and Address of Curre	ent Registered A	gent Name	9. Name and Address of New Registered Agent	
			Street Address Suite Apl. #, Et	Ald R Friedman Esq (P.O. Box Number is Not Acceptable) ESE St. Shife 405	
N/r	4		Boca K	State Zin Code FL 33437	
10. I, being ap Signature of Rehistered Age	Whall IV	Tu	poration, am familiar with and accept the	obligations of Section 607.0505, F.S. Date 12/29/96	
11. Does Dept	s this corporation part. of Revenue under	y any intan S. 199.032	gible tax to the , Florida Statutes. Yes	No (See other side for information on intangible tax.)	
lease the (certify that this reinsta	Division of Corporations from any li- I am an officer or director or the rea- atement application the reason for by the corporation have been pain	ability of non-comp eceiver or frustee dissolution has be	pliance with Section 119.07(3)(k) in the exempowered to execute this application a sen eliminated, the corporate name satis	of the exemption stated in Section 119.07(3)(k), Florida Statutes. I revent that the information supplied is deemed exempt from public access. I s provided for in chapter 607 or 617, F.S. I further certify that when filling fies the requirements of section 607.0401 or 617.0401, F.S., and that all accurate, and my signature shall have the same legal effect as if made	
SIGNATU	RE: SIGNATURE AND TYPES OF	SRINTED NAME OF	SIGNING OFFICER OR DIRECTOR	10/31/96 954-781-2650 Date Daytime Prone #	

1

FLORIDA DEPARTMENT OF STATE, JIM SMITH, SECRETARY OF STATE
STATEMENT OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation is: SOUTH FLORIDA SEAFOOD NETWORK, INC.
- 1a. Date of incorporation January 19, 1995, Document number P95000005888
- 2. The name and address of the current registered agent and office:

Chistopher J. Ema, Esq. 2600 NE 14th St. Causeway Pompano Beach, FL 33062

3. The name and address of the new registered agent and office:

Ronald R. Friedman, Esq. 40 S.E. 5th St., Suite 405 Boca Raton, FL 33432

The street address of its registered agent and the street address of the business office of its registered agent as changed, will be identical.

Cook abases one anthorized by receivable displayed by its board of dispeters of

by an officer so authorized by the board.	1 11/11	// //
SIGNATURE_	Shuckel	President
	TIM C. HILL, President	/
DATE	2/26/96	
HAVING BEEN NAMED AS REGISTERED A	GENT AND TO ACCEPT S	SERVICE OF

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

MIT TOSITION AS NEGISTENED AGENT.	
SIGNATURE Fruit R. Funda	
RONALD'R. FRIEDMAN, Registered Ag	ent
TOTALES IN THE STATE OF THE STA	~
DATE 12/29/96	

page 3 of 3

Attachment of Application for Reinstatement

Pursuant to the provisions of Section 607.1422, Florida Statutes (1989), the Florida General Corporation Act, SOUTH FLORIDA SEAFOOD NETWORK, INC., Inc., a Florida corporation (the "Corporation"), hereby applies to the Department of State for reinstatement:

- 1. The name of the Corporation is SOUTH FLORIDA SEAFOOD NETWORK, INC., and the effective date of its administrative dissolution was $\frac{44945 + 23/996}{2}$.
- 2. The grounds for dissolution have been eliminated and no further grounds currently exist for dissolution.
- 3. The Corporation's name satisfies the requirements of Section 607.0401, Florida Statutes.
- 4. All fees owed by the Corporation and computed at the rate provided by law have been paid.

5. The executed Annual Report form signed by the Registered Agent is attached for filing.

TIM C. HULL, President

Dated: 12/26/96

TIM C HILL. Secretary