

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 13 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P95000036160

1. Corporation Name
Seafood Marketing 2000, Inc.

2. Principal Office Address

979 Worthington Ave.

Suite, Apt. #, etc.

City & State

Green Cove Springs FL

Zip

32043

Country

Clay

3. Mailing Office Address

PO Box 458

Suite, Apt. #, etc.

City & State

Green Cove Springs FL

Zip

32043

Country

Clay

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/1/1995

5. FEI Number

59-3321546

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

C.W. Dasher

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

979 Worthington Avenue

Suite, Apt. #, Etc.

City

Green Cove Springs

State

FL

Zip Code

32043

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

REGISTERED AGENT MUST SIGN

Date

12/9/04

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	C.W. Dasher	979 Worthington Ave.	Green Cove Springs, FL 32043
ST	Jimmy Dasher	979 Worthington Ave.	Green Cove Springs, FL 32043
VP	Jimmy Dasher	979 Worthington Ave.	Green Cove Springs, FL 32043

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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)(f), 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:

C.W. Dasher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/2004

Date

904-284-6053

Daytime Phone #