

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

1612

|                                       |  |                                                                                   |
|---------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P95000065090               |  |  |
| 1. Entity Name<br>THE MAYPORTER, INC. |  |                                                                                   |

**FILED**  
04 NOV 10 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                                                       |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business<br>4510 OCEAN STREET<br>MAYPORT, FL 32267 | Mailing Address<br>4510 OCEAN STREET<br>MAYPORT, FL 32267 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

11052004 REIN-P CR2E098 (6/04)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3343851 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>COHEN, LANCE P<br>1723 BLANDING BLVD. STE 102<br>JACKSONVILLE, FL 32210 |
|--------------------------------------------------------------------------------------------------------------------------------|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               | Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

| 10. OFFICERS AND DIRECTORS                     |                                                                                                 |
|------------------------------------------------|-------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THOMPSON, RANDAL<br>4510 OCEAN STREET<br>MAYPORT, FL 32267 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROLAND, PAUL<br>4510 OCEAN STREET<br>MAYPORT, FL 32267 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROLAND, BRAD<br>4510 OCEAN STREET<br>MAYPORT, FL 32267 <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROLAND, VINCENT<br>4510 OCEAN STREET<br>MAYPORT, FL 32267 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                      |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>300042631839<br>11/10/04-01025-018 **150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |

**REINSTATEMENT** *04*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mat Roland Seafood Co.



P.O. BOX 37

MAYPORT, FLORIDA 32267

PHONE (904) 246-9443

FAX (904) 241-0645

November 8, 2004

Division of Corporations  
Tallahassee, Florida

Dear Sir:

We did not receive the Annual Corporate  
Application that was due May 1, 2004 for  
the Mayporter, Inc. I talked to someone  
in your office and was told that you  
could waive the reinstate fee and late  
fee. Please do so.

Thank you,  
Rose Roland