

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 - \$150.
03 MAY - 9 PM 12:12
2003 - 150.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066213

1. Corporation Name

ROBERTS SEAFOOD & HOT TO GO KITCHEN INC.

2. Principal Office Address

7722 MERRILL RD.

Suite, Apt. #, etc.

3. Mailing Office Address

7722 MERRILL RD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32277

Country

USA

Zip

32277

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/95

5. FEI Number

59-3334260

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

ROBERT R. TALEBLI

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

6367 WHISPERING OAKS DRIVE N.

Suite, Apt. #, Etc.

City

JACKSONVILLE FL

05/09/03--01074--001 **300.00

500018675845
05/09/03--01074--001 **300.00

State

FL

Zip Code

32277

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 5/1/03

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
<u>P, D</u>	<u>ROBERT R. TALEBLI</u>	<u>7722 MERRILL RD.</u>	<u>JACKSONVILLE, FL 32277</u>

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:

Robert R. Talebli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 (904) 722-0600
Date Daytime Phone #

CR2E081 (10/02)