

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
97-98 Sandra B. Mortham
A/R Secretary of State
DIVISION OF CORPORATIONS

FILED

①

98 FEB 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99600003492

1. Corporation Name

Crown Sea Food Inc
Principal Place of Business Mailing Address

2004 51ST SOUTH Tampa, FL 33619

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/20/96	
City & State		City & State		5. FEI Number	
Zip		Country		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	Eaton W. Crown	2004 51 ST SOUTH T. FLA 33619	

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****323.75 ****323.75
SL
2-11-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Eaton W. Crown 2004 51 ST SOUTH Tampa, FL 33619		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Eaton W. Crown
REGISTERED AGENT MUST SIGN
Date: _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: Eaton W. Crown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-11-98
Daytime Phone #

CR2E040 (1/98)

To: Whom it May Concern:

(2)

I ESTON W. CROWDER NEVER
RECEIVED CORPORATE PAPERS CONCERNING
CROWDER SEAFOOD INC. THIS WAS DUE
TO MAIL BEING SENT TO INCORRECT
ADDRESS.

Sincerely yours

Eston W. Crowder