

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -1 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 99700007399

1. Corporation Name

Trimar Seafood Company, Inc.

2. Principal Office Address

4441 Blue Sage Ct.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

USA

3. Mailing Office Address

4441 Blue Sage Ct.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/97

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-04

100029593271

03/01/04--01044--010 \*\*\*1050.00

**7. Name and Address of Current Registered Agent**

Name

Michael Beebe

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

4441 Blue Sage Court

Suite, Apt. #, Etc.

City

Bonita Springs

State  
FL

Zip Code  
34134

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

2/18/04

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/D	Philip Cahill	7230 S.W. 126th St.	Miami, FL 33156
V/S/D	Shane Cahill	7230 S.W. 126th St.	Miami, FL 33156

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 2004 (239) 4986304

Date

Daytime Phone #

CR3E081 (10/02)