

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 3: 36

DOCUMENT # P97000075753

1. Corporation Name

JAY'S TROPICAL FISH, INC.

2. Principal Office Address

1112 10th ST S.W.

Suite, Apt. #, etc.

City & State

RUSKIN, FL

Zip

33570

Country

USA

3. Mailing Office Address

P.O. Box 1155

Suite, Apt. #, etc.

City & State

RUSKIN, FL

Zip

33570

Country

USA

REINSTATEMENT 00-01

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

08/29/97 SP

5. FEI Number

59-2393714

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 **BETTY N. HATFIELD**

200004672922-2

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

139 18th ST NW

11/03/01-01070-013

****300.00 ****300.00

Suite, Apt. #, Etc.

City **RUSKIN**

State

FL

Zip Code

33570

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 **Betty Hatfield**
REGISTERED AGENT MUST SIGN

Date **9-28-01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|-----------------------------------|--|--------------------|
| P | JAMES W. HATFIELD | 139 18 th ST. NW | RUSKIN FL 33570 |
| V.P | BETTY N. HATFIELD | " " | " " |
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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)(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: **Betty Hatfield** **Betty Hatfield**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/28/01

Daytime Phone #

813-645-2619

CR2E081 (9/00)