PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR -2 AM 11:05

DOCUMENT # P97000080584

1. Corporation Name

GULF SHRIMP, INC.

Principal Place of Business	Mailing Address
1300 Main St. Ft. Myers Beach, FL 33931	P O Box 2490 Ft. Myers Beach, FL 33932

REINSTATEMENT 04-09

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

2. New Principal Office Address, If Applicable

Suite, Apt #, etc

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/17/97

5. FEI Number: 65-0785218 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — **$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Hubert Jensen	1100 Main St.	Ft Myers Beach, FL 33932
VP	Dennis Henderson	5790 Briarcliff Rd.	Ft. Myers, FL 33912
Sec	George Gala, Jr.	7227 Hendry Creek Dr.	Ft. Myers, FL 33908
Tres	Grant Erickson	1100 Main St.	Ft. Myers Beach, FL 33932
D.	Carl C. Erickson	1100 Main St.	Ft. Myers Beach, FL 33932

8. Name and Address of Current Registered Agent

Dennis Henderson
5790 Briarcliff Rd.
Ft. Myers, FL 33912

9. Name and Address of New Registered Agent

Name

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

200002837392--4
-04/13/99--01006--007
****900.00 ****900.00

Suite, Apt #, Etc

City | State FL | Zip Code

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: Dennis L Henderson — REGISTERED AGENT MUST SIGN — Date 3-29-99

11. This corporation owes 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: Dennis L Henderson — 3/17/99 — 941-765-1878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E081 (12/98)