PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 OF 2

~~CORPORATION~~ ~~REINSTATEMENT~~

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

98-00412

FILED
00 MAY 19 PM 12:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

98-00

DOCUMENT # P97000090327

1. Corporation Name
HOLIDAY SEAFOODS INC.

2. Principal Office Address	3. Mailing Office Address
589 ISLAND DRIVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TARPON SPRINGS, FLA.	City & State
Zip: 34689 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 10/4/98

5. FEI Number 59-3474066 ☐ 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: HENRY ALONSO

700003297407--6
-06/20/00--01064--006
****450.00 ****450.00

Street Address (P.O. Box Number is Not Acceptable): 589 ISLAND DRIVE

Suite, Apt. #, Etc.

City: TARPON SPRINGS | State: FL | Zip Code: 34689

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 _____ Date 04/25/00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	HENRY ALONSO	8804 RUSTIC TRAIL CT	TAMPA, FL 33635

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: _____ 04/25/00 727 934 4376 KE

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

To whom it may concern,

I request an abatement of late fees for the following reason.

My corporation changed its name and registered agent in September 1998. The registered agent received the attached notice which clearly shows a different address to the one in your records- also attached. Neither I nor the registered agent received corporate annual reports in the mail for the years 1999/2000. As I am a relatively new business person, I had no idea I was supposed to request such a report in the absence of one being sent to my place of business by the dept of State.

HENRY ALONSO
PRESIDENT 04/25/00