

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

03 JUL 15 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098895

1. Corporation Name

Everglades seafood Depot Restaurant & Market, Inc.

2. Principal Office Address

102 Collier Ave.

3. Mailing Office Address

P O Box 69

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Everglades, FL

City & State

Chokoloskee, FL

Zip

34139

Country

US

Zip

34139

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1997

5. FEI Number

59-3485443

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Richard D. Sparkman

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

307 Airport Pulling Road No

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34104

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

Richard D. Sparkman
REGISTERED AGENT MUST SIGN

Date 07/09/03

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	Billy Potter	1167 Hamilton Lane	Chokoloskee, FL 34138
V	Crystal Potter	1167 Hamilton Lane	Chokoloskee, FL 34138

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:

Billy Potter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy Potter

07/09/03

Date

239-695-0075

Daytime Phone #

CR2E081 (10/02)