

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P98000063396

1. Corporation Name

SOUTHCOAST FISH COMPANY, INC.

Principal Place of Business

1427 EAST HILLSBORO BOULEVARD
DEERFIELD BEACH FL 33441

Mailing Address

1427 EAST HILLSBORO BOULEVARD
DEERFIELD BEACH FL 33441

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

07/17/1998

5. FEI Number

65-0853413

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	4 City / State / Zip
D	LAPENTA, RANDY	1427 EAST HILLSBORO BOULEVARD	DEERFIELD BEACH FL 33441
D	LAPENTA, LENNY	30 BIRCH HILL DRIVE	WEST HARTFORD CT 06107
			800003050268--8 -11/22/99--01005--016 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

LING, JASON CPA
5301 NORTH FEDERAL HIGHWAY
SUITE 165
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

Name

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

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

Jason Ling

REGISTERED AGENT MUST SIGN

Date

10-13-99

11. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-99 954 786-7722

Daytime Phone #

ATTN: TO WHOM IT MAY CONCERN

(2)

IT IS OUR FIRST YEAR IN BUSINESS.
WE MADE A MISTAKE AND MIS-PLACED
THE RENEWAL APPLICATION IF YOU COULD
FIND IT IN YOUR HEART ~~YOU~~ TO FORGIVE
US THIS ONE TIME WE WOULD GREATLY
APPRECIATE IT.

Thank you

Bonny L. L. L.