

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 JAN 11 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P98000066576**

1. Corporation Name

PRISTINE Oyster.com Inc

2. Principal Office Address

594 Hwy 98 West
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 638
Suite, Apt. #, etc.

City & State

APALACHICOLA FL

Zip **32320**

Country

USA

City & State

APALACHICOLA FL

Zip **32320-0638**

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3527670

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

FRED W THOMAS

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

45 ALAN DRIVE

Suite, Apt. #, Etc.

City

APALACHICOLA

State

FL

Zip Code

32320

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

01/08/01

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
D	William Fred Thomas	PO Box 638	Apalachicola 32320
D	Robt M. Mc	PO Box 638	Apalachicola 32320

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****185.00 ****150.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date **01/08/01** Daytime Phone # **850/653/8560**

CR2E081 (9/99)