

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -6 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066576

1. Corporation Name

Pristine International Seafood, Inc.

2. Principal Office Address

360 Main St.

Suite, Apt. #, etc.

City & State

Washington, VA

Zip
22747

Country
USA

3. Mailing Office Address

P.O. Box 393

Suite, Apt. #, etc.

City & State

Washington, VA

Zip
22747

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1998

5. FEI Number

59-3524670

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

02-06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

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

NRAI Services, Inc.

By: Amy Purdy

Amy Purdy, Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

9/21/00

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	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186
D	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186
T	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186
S	Joseph J. Meuse	211 Falmouth St.	Warrenton, VA 20186

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 contained in Chapter 119, 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

Daytime Phone #

10/2/00

510-675-3419