1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUL -8 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000066602

2004 YBR

1. Corporation Name
JACOBSON FISH MARKET & RESTAURANT, INC.

1824-1 WEST BEAVER STREET
1824-1 WEST BEAVER STREET

300038850733
07/08/04--01004--004 **150.00

04

2. Principal Office Address	3. Mailing Office Address
1824-1 WEST BEAVER STREET	1824-1 WEST BEAVER STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32209 Country: US	Zip: 32209 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10-01-98

5. FEI Number: 59-3526459 ☐ 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: SAMEER KANDAH

Street Address (P.O. Box Number is Not Acceptable): 8919 BLAINE MEADOWS DR

Suite, Apt. #, Etc.

City: JACKSONVILLE State: FL Zip Code: 32257

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 _____
REGISTERED AGENT MUST SIGN

CR2E088 (01/04)

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	SAMEER.KANDAH	8919 BLAINE MEADOWS DR	JACKSONVILLE, FL-32257
VP	NABIL KANDAH	529 CODY DRIVE	ORANGE PARK, FL 32073

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: _____ 7-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

To Fla Dept of State

Dear sir

I did not Recive
My Renual in the
Mail this the First
Time I. Recive a
card I'm sending
my Renual Fee

Thank you
Saneer Kaulish