


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 APR 23 AM 10:02

DOCUMENT # **P98000066783**

1. Corporation Name

**Atlantic Seafood Co. of Naples, Inc.**

2. Principal Office Address - No P.O. Box #

**5317 Airport Pulling Rd. N.**

Suite, Apt. #, etc.

3. Mailing Office Address

**5317 Airport Pulling Rd. N.**

Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

**Naples, FL**

Zip

**34109**

Country

**U.S.A.**

Zip

**34109**

Country

**U.S.A.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**800102360008**

05/15/07--01001--011 \*\*1350.00

**04/22/03 01061 005 \$150.00**

**REINSTATEMENT 0207**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/27/1998**

5. FEI Number

**59-3534108**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

**Barry LeBlanc**

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

**2705 RIVERVIEW DRIVE**

Suite, Apt. #, Etc.

City

**Naples**

State

**FL**

Zip Code

**34112**

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

**Barry LeBlanc**

REGISTERED AGENT MUST SIGN

Date **4/18/07**

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
PD	LeBlanc, Barry C	2705 Riverview Drive	Naples FL 34112
JD	LeBlanc, Judith C	2636 Riverview Drive	Naples FL 34112

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:

**Barry LeBlanc**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/07 (239) 593 3388**

Date

Daytime Phone #

Please note:

Total Reinstatement Fee

= 1500.00

- 150.00 paid  
in 2003

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\$ 1,350.00