

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV 15 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000101201

1. Corporation Name

KEY SHORE AQUA FARMS INC.

Principal Place of Business

12602 STATE RD. 24
CEDAR KEY FL 32625

Mailing Address

12602 STATE RD. 24
CEDAR KEY FL 32625



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3570254

Applied For

City & State

City & State

Not Applicable

Zip Country

Zip Country

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 |
|------------|-------------------------------------|--|----------------------|
| P | REYNOLDS, CHRIS | 12602 STATE ROAD, #24 | CEDAR KEY FL 32625 |
| VP | BUCK, ROSS | SUNSET ISLAND ROAD | CEDAR KEY FL 32625 |
| | | | |
| | | | |
| | | | |
| | | | |

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10/25/02--01008--012 **150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~REYNOLDS, CHRISTOPHER W
12602 STATE RD. 24
CEDAR KEY FL 32625~~

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/20/02

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:

Handwritten signature
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/02

Daytime Phone #

11/12/02

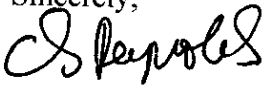
Sean Toner
Senior Section Administrator
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sean Toner;

My Company; Key Shore Aqua Farms Inc., never received the Uniform Business Report Document for the year 2002. We were not aware that we were late in filing this document.

I have been advised by your office that the 600 dollar reinstatement fee will be waived if the document was never received. I am re-submitting the document #P98000101201 with the \$61.25 filing fee and the \$88.75 corporate supplemental fee for the current year.

Sincerely;



Chris Reynolds
Key Shore Aqua Farms Inc.
12602 S.R. 24
Cedar Key Fl. 32624