

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

750.00

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 20 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000050003

1. Corporation Name

GENE'S SEAFOOD OF MANDARIN, INC.

Principal Place of Business

11701 SAN JOSE BLVD
JACKSONVILLE FL 32223

Mailing Address

11701 SAN JOSE BLVD
JACKSONVILLE FL 32223

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

05/28/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3577692

Applied For

Not Applicable

City & State

City & State

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
PVST	RADY, MITCHELL J	1249 PENNAN RD	JACKSONVILLE BEACH FL 32250
			000005491310--8 -05/08/02--01021--029 ****750.00 ****750.00
			000005491310--8 -05/08/02--01021--030 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

RADY, MITCHELL J
11707 SAN JOSE BLVD
JACKSONVILLE FL 32223

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3-15-02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-19-01 904-249-9905

CR2E040 (8/01)