

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000066045

1. Corporation Name

XANADU FISHERIES, INC.

Principal Place of Business

Mailing Address

1765 FOUR MILE ROAD
ST. AUGUSTINE FL 32095

1765 FOUR MILE ROAD
ST. AUGUSTINE FL 32095

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1999

5. FEI Number

59-3590165

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	KING, EMORY	188 LAWN AVENUE	ST. AUGUSTINE FL 32095

200003505822--9
-12/19/00--01057--014
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TRAYNOR, JOHN M ESQ.
28 CORDOVA STREET
ST. AUGUSTINE FL 32095

Name

Emory K. King

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

188 Lawn Avenue

Suite, Apt. #, Etc.

City

St. Augustine,

State
FL

Zip Code
32095

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

Emory K. King
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-26-00

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:

Emory K. King
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-00 904-8292870
Date Daytime Phone #