

2015 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000068842

1. Entity Name
ST. MARKS SEAFOOD, INC.



15 JUL 17 PM 12:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
71 RIVERSIDE
ST. MARKS, FL 32355

Mailing Address
P.O. BOX 246
ST. MARKS, FL 32355

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc

3. Mailing Address
Suite, Apt. #, etc

City & State
City & State

Zip
Country

Zip
Country

07172015 REIN-P CR2E098 (12/11)

4. FEI Number
59-3596745

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TOOKE, PHILIP
200 RIVERSIDE
ST. MARKS, FL 32355

7. Name and Address of New Registered Agent
Name: Richard Tooke
Street Address: 71 Riverside Dr.
City: St. Marks FL Zip Code: 32355

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOOKE, PHILIP P.O. BOX 246 ST. MARKS, FL 32355 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOOKE, RICHARD P.O. BOX 246 ST. MARKS, FL 32355 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: E MAIL ADDRESS: