

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 29 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 79480

1. Corporation Name

MERRICK SEAFOOD SOUTH, INC.

500005754335--2

-06/11/02--01102--007

***308.75 ***308.75

2. Principal Office Address

1229 SE 49TH TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

1229 SE 47TH TERRACE

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL, FLA

Zip

33904

Country

LEE

Zip

33904

Country

LEE

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/91

5. FEI Number

65-0287423

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARD J. SANTORICO

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

3907 SW 25TH COURT

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33914

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

[Signature]

Date

5-23-02

REGISTERED AGENT MUST SIGN

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
PRES	RICHARD J. SANTORICO	3907 SW 25TH COURT	CAPE CORAL, FL 33914
V/P	ROY BENNETT	5201 TAMiami COURT	CAPE CORAL, FL 33904

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 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]

RICHARD J. SANTORICO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/23/02

239-542-8080

Daytime Phone #

CR2E081 (8/01)