PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT					FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FIL 04 OCT -8 SECRETAR		
DOCUMENT # \$79480 1. Corporation Name Merrick Seafood South, Inc.										•	TALLAHASS	ŠĒĔ, FĽ	ORIDA
1229 SE 47th Terrace 1229 SE 47th Terrace													
2. Principal Office Address 1229 SE 47th Terrace					3. Mailing Office Address 1229 SE 47th Terrace								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Date Incorporated or Qualified To Do Business in Florida 12/1991					
City & State Cape Coral, Fl				City. & State Cape Cor	al, FI	-	-	5. FEI Number 65-0287423 Applied Fe ✓ Not Applie 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee re for a Certificate of Sta					
Zip 33904	Country USA		Zip 33904		Country USA		5 Additional				Fee required		
					7. N	ame and A	ddress of Cur	rent Register	ed Agent				
	Name Richard J. Santorico Street Address (P.O. Box Number is Not Acceptable) 3907 SW 25th Court Suite, Apt. #, Etc.								800041721468 10/08/0401052006 **300.00				
	City Cape C	oral [.]						-		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 REGISTERED AGENT MUST SIGN Date													
9. Names	and Street A	ddresses	of Each O	fficer and	/or Director (Flo	rida nonpro	ofit corporations	must list at lea	ast 3 directors)	T.			
Titles	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direc			ddress of Each and/or Director	h r City / State			e / Zip		
Р	Richard J. Santorico			n.	3907 SW 25th Court			Cape Coral, FI 33914					
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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 filling 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 TYPEFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Indication 19.07 (3)(i), F.S. I further certify that when filling this reinstate of 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 TYPEFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day													

FLORIBA.
DEPARTMENT OR STATE

PWHOM IT MAY CONCERN,

I NEVER RECEIVED BY MAIL

ANY THING ABOUT CORPORATION

REGISTERING. I WAS INFORMED

BY MY LAWYEN THAT WE WERE

DISSOLUED, WE ARE STILL IN BUSINESS

AND HAVE BEEN FOR 13 YEARS. COULD

YOU PLEASE WAIVE THE REINSTATEMENT

FEE.

THANK YOU

KILDS SA

RICHAND J. SANTERICO

MENNICK SEAFOND 50.,1~1.