

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S79480

1. Corporation Name

Merrick Seafood South Inc.

2. Principal Office Address - No P.O. Box #

1229 SE 47th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Zip

33904

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1991

5. PET Number

650287423

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
No

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

500257101825
02/24/14--01046--015 **1050.00

FILED
14 MAR 14 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Richard J. Santorico

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

1924 Savona Parkway, West

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

500257101825
03/14/14--01029--006 **150.00

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

Date

2-11-14

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
P	Richard J. Santorico	1924 Savona Parkway, West	Cape Coral, FL 33914
V	Joan Santorico	3405 SW 26th Avenue	Cape Coral, FL 33914
S	Joan Santorico	3405 SW 26th Avenue	Cape Coral, FL 33914
T	Joan Santorico	3405 SW 26th Avenue	Cape Coral, FL 33914
REINSTATEMENT			MAR 14 2014
			R. HUNT

10. E-mail Address: **rsantorico@aol.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-14

Date

Daytime Phone