

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
02 JUL -2 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V22814

1. Corporation Name

Steve's Seafood, Inc.

300006269833-4  
-07/09/02--01021--005  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

148 SR A-1-A, N

Suite, Apt. #, etc.

3. Mailing Office Address

148 SR A-1-A, N.

Suite, Apt. #, etc.

City & State

Ponte Vedra, FL

City & State

Ponte Vedra, FL

Zip

32082

Country

St Johns

Zip

32082

Country

St Johns

4. Date Incorporated or Qualified  
To Do Business in Florida

1992

5. FEI Number

59-3117341

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

Steve Riley

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

148 SR A-1-A, N

Suite, Apt. #, Etc.

City

Ponte Vedra

State

FL

Zip Code

32082

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]*

REGISTERED AGENT MUST SIGN

Date

6/18/02

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	Steve Riley	2252 Oceanwalk Dr. W.	Atlantic Beach, FL 32253

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/18/02

Daytime Phone #

CR2E081 (9/01)

June 20, 2002

Florida Department of Tax  
Divisions of Corporations  
Tallahassee, Florida 32314

Mr. Harris -

Please excuse our tardiness with this  
paperwork. We didn't receive the paperwork in  
the mail and I had to call and request  
new forms.  
Thanks for your consideration -

Kelly TABKA  
Steve Seaford  
148 SE A1A, N.  
Porto Vidra, FL 32082  
904.285.3787