

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC -9 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44752**

1 Corporation Name

INDIAN RIVER SHELLFISH INC.

Principal Place of Business

203 TALLAHASSEE ST.
CARRABELLE FL 32322

Mailing Address

P.O. BOX 420
CARRABELLE FL 32322

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7200 A SOUTH US 1
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7200 A SOUTH US 1
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1992

5. FEI Number

59-3132362

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

TITUSVILLE FL

City & State

TITUSVILLE, FL

Zip

32780

Country

BREVARD

Zip

32780

Country

BREVARD

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	HILL, TIMOTHY J.	4922 OWENS ST	GRANT FL

400002026224--8
-12/11/96-01068-011
*****375.00 ***375.00**

B2-a-96

8. Name and Address of Current Registered Agent

HILL, TIMOTHY J.
4922 OWENS ST
GRANT FL 32949

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Timothy J. Hill

REGISTERED AGENT MUST SIGN

Date

12-2-96

11. Does this corporation pay any intangible tax to the
"Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Timothy J. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-2-96

Daytime Phone #

(407) 268-0629