

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **96-97** REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUL 28 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K76865

1. Corporation Name  
SALT CREEK SHELLFISH CO, INC.

Principal Place of Business: HWY 349, SUWANNEE, FL 32692  
Mailing Address: P.O. BOX 1600, CROSS CITY, FL 32628-1600

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida APRIL 1, 1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2940347	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES / TREAS	RICHARD R. VIELE	HWY 351-a / P.O. BOX 1600	CROSS CITY, FL 32628
V. PRES SEC.	MARGARET R. VIELE	HWY 351-a / P.O. BOX 1600	CROSS CITY, FL, 32628
200002255312--5 -08/01/97--01032--007 ***923.75 ***923.75			
<b>REINSTATEMENT 96-97</b>			
A. Alan 7/28/97			

8. Name and Address of Current Registered Agent RICHARD BUSH 13Q1 METROPOLITAN BLVD SUITE 300 TALLAHASSEE, FL 32308		9. Name and Address of New Registered Agent Name: MARGARET R. VIELE Street Address (P.O. Box Number is Not Acceptable): HWY 351-a / P.O. BOX 1600 Suite, Apt. #, Etc.: City: CROSS CITY State: FL Zip Code: 32628-1600	
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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: *Margaret R. Vile* Date: 7-25-97  
REGISTERED AGENT MUST SIGN

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: *Margaret R. Vile* Date: 7-25-97 Daytime Phone #: 352-498-5150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/2/96)