

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



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

2001 UBR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006283**

1. Corporation Name

HARVEST MEAT COMPANY, INC.

Principal Place of Business

Mailing Address

2540 SHADER RD
ORLANDO FL 32804
US

1022 WEST 24TH CT
NATIONAL CITY, CA
OMAHA NE 68100-0000
US

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

12/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

33-0639136

Applied For

Not Applicable

City & State

City & State

National City, CA

Zip

Country

Zip

Country

91950

San Diego

6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
PO	JOHN LEAVY J	1022 W 24TH ST STE 106	NATIONAL CITY CA 91950
VP	LEAVY, KEVIN	1022 W 24TH ST STE 106	NATIONAL CITY CA 91950
T/S	ERIC DOAN H	1022 W 24TH ST STE 106	NATIONAL CITY CA 91950
V	Dennis Leavy	2540 Shader Rd.	Orlando, FL 32804
			100004703631--3 -12/04/01--01030--001 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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: *Eric Doan* Eric Doan 11/2/01 (619)477-0185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/01)

(619) 477-0185
(800) 653-2333
FAX (619) 477-9249



1022 Bay Marina Drive #106
National City, CA 91950-6300

2012
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November 2, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear State Agent

I received the attached Notice of Administrative Dissolution or Revocation. I was somewhat surprised that I received this notice because I never received the annual renewal form or any prior notice that such renewal was delinquent.

As I looked at the attached form I realized that the reason why I never received the any other notice is because the address is incorrect. Frankly, it is practically a miracle that this one made it here.

I have completed the form with the correct address and enclosed the \$150 annual renewal fee. Please accept this as payment in full and waive the other fees. Please feel free to call me at the above number should you have any questions.

Cordially,
Harvest Meat Company, Inc.

Eric Doan, CPA
Chief Financial Officer