2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000006283

LEAVY, DENNIS

4504 PARKBREEZE COURT

ORLANDO, FL 32808

Name:

Address:

City-St-Zip:

Entity Name: HARVEST MEAT COMPANY, INC.

FILED Sep 25, 2007 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	KBREEZE CC D, FL 32808	URT US			
Current M	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
#106	MARINA DRI\				
NATIONAL	L CITY, CA 91	950 US			
FEI Number	: 33-0639136	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
1201 HAY: SUITE 105	S ST.	CORPORATION SYSTEM, IN	C.		
	e named entity e of Florida.	submits this statement for the	e purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE: CARINA	DUNLOP			
	Electro	nic Signature of Registered A	gent	Date	
		93(2)(b), F.S., the corporation did g Trust Fund Contribution().	not receive the prior notice.		
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	LEAVY, JOHN 1022 BAY MAF) Delete J RINA DRIVE #106 Y, CA 919506300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LEAVY, KEVIN 1022 BAY MAF) Delete RINA DRIVE #106 Y, CA 919506300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DOAN, ERIC H 1022 BAY MAR) Delete RINA DRIVE #106 Y, CA 919506300	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ERIC DOAN TS 09/25/2007