## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				09 DEC 15 PH 12: 57			
DOCUMENT # F 0800  1. Corporation Name  WESTERN BEEF RE	= :				SECRETARY OF TALLAHASSEE, F	LORIDA	
Principal Office Address - No P.O. Box #	3. Mailing Office Add						
47-05 METROPOLITAN AVE		16		CR2E081 (11/09)			
Suite, Apt. #, etc	Suite, Apt. #, etc.			4. Data incompanied or Qualified			
				4. Date Incorporated or Qualified To Do Business in Florida 5/14/2008			
City & State	City & State			5. FEI Number Applied For			
KIDHEWOOD NY Zip Country	Zip	Cour	**************************************	11-2	778081	Not App	plicable
2ip Country 11385 US 4	Zip	Cour	itry	6. CERTIFICATE	OF STATUS DESIRED LE \$8	.75 Additional Fee for a Certificate of	required Status
7. Name and Address of Current Registered Agent				I ,			
Name PATRICK DEJONIO				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not			
Street Address (P.O. Boy Number is Not Accentable)							
2424 NORTH FEDERAL HIGHWAY							
Suite. Apt. #, Etc.  50, TE 103				received and requesting the reinstatement fee be waived.			
City BOCA RATON State Zip Code FL 3343/				lee de	waiveu.		
8. I, being appointed the registered agent of the abo	ve named corporation, a	m familiar	with and accept the o	bligations of section	on 607.0505 or 617.0503, F.	S.	
Signature of Registered Agent Patrick De Jones on Pate 12/11/09  REGISTERED AGENT MUST SIGN							
Names and Street Addresses of Each Officer and	l/or Director (Florida non	profit carp	orations must list at le	ast 3 directors)			
Tritles Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
PS THOMAS MOR	EANZON) 4	47-05 METROPOLITAN AVE		RIDGEWOOD	NY ,	1365	
				115 12/15/	<b>0163619</b> 0901032028	<b>□등1</b> **158.7	5
REINSTA	TEME!	T					
						<b>5</b>	
					A	1	
10. E-mail Address: Tom@ WESTERNBEEF . COM (To be used for future annual report notification)							
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. I further certify, 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:  Thomas Morasson 12/10/99  SIGNATURE AND TYPEOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #							