br who

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

| 1. Entity Name  | MEAT M   | # H13133<br>ARKET, INC.  | Mailing Address                                    |                             |  | FILED  05 OCT 13 AM 8: 46  SECRETALLAMASSEE, FLORIDA                                       |                     |                                    | 6          |                         |
|---|--|--------------------------|--|-----------------------------|--|--|---------------------|------------------------------------|------------|-------------------------|
| 4885 11TH AVENUE SOUTH<br>ST. PETERSBURG, FL 33711  |  |                          | 4885 11TH AVENUE SOUTH<br>ST. PETERSBURG, FL 33711 |                             |  | (8810)  8181 (1888 1981 (1884 1986 1986 1986 1889 518)  8181 8181 8181 8181 8181 8181 8181 |                     |                                    |            |                         |
| 2. Principal Place of Business  |  |                          | 3. Mailing Address                                 |                             |  |  |                     |                                    |            |                         |
| Suite, Apt. #, etc.   |  |                          | Suite, Apt. #, etc.                                |                             |  | 10062005   | REIN-P              | CR2E                               | 098 (6/04) |                         |
| City & State  |  |                          | City & State                                       |                             |  | 4. FEI Number 59-247.  |                     |                                    | <u> </u>   | plied For<br>Applicable |
| Zip   |  |                          | Zip  | Coun                        | 5. Certifical                                      |  | e of Status Desired |                                    |            |                         |
|   | 6. Name  | and Address of Current F | Registered Agent                                   | Name                        | 7. Name and Address of New Registered Agent ame    |  |                     |                                    |            |                         |
| KENNEDY<br>4885 11TH<br>ST. PETER   | AVENUE   | SOUTH                    |  |                             | Street Address (P.O. Box Number is Not Acceptable) |  |                     |                                    |            |                         |
|   |  |                          |  |                             | City   | FL Zip Code  |                     |                                    |            |                         |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |  |                          |  |                             |  |  |                     |                                    |            |                         |
| SIGNATURE   |  |                          |  |                             |  |  |                     |                                    |            |                         |
| FILE NOWIII FEE IS \$150.00  After January 1, 2006, Fee will be \$300.00  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |  |                          |  |                             |  |  |                     |                                    |            |                         |
| 10.   |  | OFFICERS AND             | DIRECTORS  | 11.                         |  | ADDITIONS,   | CHANGES TO OFF      | ICERS AND                          | DIRECTORS  | S IN 11                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 4216 WE  | Y, TERESA<br>ST 10 LANCE | ☐ Delete   | LE ME REET ADDRESS Y-ST-ZIP | 90<br>10/13  | 000605<br>/0501036-  | -012                | □ Change<br><b>‡□:9</b><br>**150,: | Addition   |                         |
| TITLE HIALEAH, FL 33012   |  |                          | Delete III   |                             | <del></del>  |  |                     |                                    | ☐ Change   | Addition                |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | NAI<br>STF                                       |                          |  |                             | ME<br>REET ADDRESS [<br>Y-ST-ZIP                   |  | Carrier v Age       |                                    | ;<br>      | 5                       |
| TITLE NAME STREET ADDRESS   |  |                          | ☐ Delete   |                             | ME<br>REET ADDRESS                                 | ĨĹís   | SSA OTA             | 2 L 56                             | Change     | . Addition              |
| TITLE   | <u></u>  |                          | ☐ Oelete   | TITI                        | 1  |  | CONTRACTOR          | <u> </u>                           | Change     | ☐ Addition              |
| STREET ADDRESS CITY-ST-ZIP  |  |                          |  | STR                         | REET ADDRESS<br>Y-ST-ZIP                           |  |                     |                                    |            |                         |
| TITLE   |  |                          | ☐ Delete   | TIT                         | LE   | <u> </u>   |                     |                                    | ☐ Change   | Addition                |
| NAME STREET ADDRESS CITY-ST-ZIP   |  |                          |  |                             | ME<br>Reet address<br>IY-ST-ZIP                    |  |                     |                                    |            |                         |
| TITLE   | <del>                                     </del> |                          | ☐ Delete   | TIT                         | TE .   |  | · · · · · ·         |                                    | ☐ Change   | ☐ Addition              |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |                          |  |                             | me<br>Reet address<br>IY-ST-71P                    |  |                     |                                    |            |                         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the correction or the receiver or trustee emprovement to execute this report as required by Chanter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if |  |                          |  |                             |  |  |                     |                                    |            |                         |
| SIGNATURE:  SIGNATURE:  Oct. 6-2005 (727)321-0551   |  |                          |  |                             |  |  |                     |                                    |            |                         |

## " Cabanas & Associates, P.A.

Telephone: 305-513-3639 Fax: 305-513-4122 ACCOUNTING, TAX PLANNING & PREPARATION
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MIAMI, FLORIDA 33172

MEMBER OF NATIONAL SOCIETY OF PURIS ACCOUNTAINS
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTAINS

October 6, 2005

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314

RE: SUNSET MEAT MARKET, INC. DOCUMENT # H 13133

## Gentlemen:

We are the Accountants for the above-referenced Corporation and have been asked by our client to correspond with you concerning their late filing of their Annual Report for the year 2005 due to the fact that they never received the Renewal Notification from your Department.

We are enclosing a 2005 For Profit Corporation Reinstatement duly signed as well as check for \$150.00 to cover the 2005 filing fee and request the abatement of any penalty for this late filing.

Thank you for your attention to this matter.

Very truly yours,

Joseph F. Cabanas

Attachments