

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J55060

1. Corporation Name

PRIME CUTS AT WESTON, INC.

2. Principal Office Address

286 INDIAN TRACE Rd

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

Zip

33327

Country

USA

3. Mailing Office Address

286 INDIAN TRACE Rd

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

Zip

33327

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1987

5. FEI Number

65-0028094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PETER P. PARISI

Street Address (P.O. Box Number is Not Acceptable)

4045 N.W. 16th STREET

Suite, Apt. #, Etc.

SUITE 111

City

FT LAUDERDALE

State
FL

Zip Code

33313

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/25/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	DANIEL D. TUMPIN	552 STIPPERY ROCK Rd. 10	WESTON FL. 33327

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL D. TUMPIN

10/25/02

Date

(954) 655-8384

Daytime Phone