


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J90378		
1. Entity Name SUSY'S MEAT MARKET, INC.		

Principal Place of Business 465 OCEAN DRIVE 712 MIAMI BEACH, FL 33139	Mailing Address 11200 PINES BLVD, SUITE 200 PEMBROKE PINES, FL 33026
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
IBRAHIM, ODALYS M. 11200 PINES BLVD. SUITE 200 PEMBROKE PINES, FL 33026	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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 _____ DATE _____	
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	BERMEJO, YOLANDA	NAME	
STREET ADDRESS	465 OCEAN DRIVE #712	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	BERMEJO, YOLANDA	NAME	
STREET ADDRESS	465 OCEAN DRIVE #712	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered	
SIGNATURE: <i>Yolanda Bermejo</i>	4/29/09 305-527-6332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

FILED  
09 MAY -1 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
400155078624  
05/01/09--01021--009 \*\*300.00



04292009 REIN-P CR2E098 (1/07)

4. FEI Number 65-0011697 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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5/6/09