


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000040951	
1. Entity Name MEAT INSPECTION SYSTEMS, LLC	

FILED
09 FEB 27 AM 9:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 25921 NESTING COURT #101 BONITA SPRINGS, FL 34134	Mailing Address 25921 NESTING COURT #101 BONITA SPRINGS, FL 34134
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2. Principal Place of Business - No P.O. Box # 25921 Nesting Court Suite, Apt. #, etc. #101 City & State Bonita Springs, FL Zip 34134 Country USA	3. Mailing Address 25921 Nesting Court Suite, Apt. #, etc. #101 City & State Bonita Springs, FL Zip 34134 Country USA
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02112009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-8983474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GANGEL, MIKE 25921 NESTING COURT #101 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent Name N/A 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$277.00 \$138.75	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Delete Michael G. Gangel 25921 Nesting Court #101 Bonita Springs, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900145248719 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04-18-2008 90157040 ***138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition L07000040951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900145248719 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/09/09--01002--012 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Delete 08, 09	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Michael G. Gangel</u>	Date: <u>2/20/09</u>	Daytime Phone #: <u>913-764-1551</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		