

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 MAR 24 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900015287379
04/03/03--01043--005 **\$900.00

REINSTATEMENT 02-03

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000009205			
1. Corporation Name MEAT & PRODUCE OF PLANT CITY, INC.			
2. Principal Office Address 8505 Highway 39 South Suite, Apt. #, etc.		3. Mailing Office Address 8505 Highway 39 South Suite, Apt. #, etc.	
City & State Plant City, Florida		City & State Plant City, Florida	
Zip 33567	Country USA	Zip 33567	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3694277	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Husam Mahmoud			
Street Address (P.O. Box Number is Not Acceptable) 8505 Highway 39 South			
Suite, Apt. #, Etc.			
City Plant City	State FL	Zip Code 33567	

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 Husam Mahmoud Date 3-5-03

REGISTERED AGENT MUST SIGN

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/D VP/D	Husam Mahmoud	8505 Highway 39 South	Plant City, Fl 33567
ST/D	Husam Mahmoud	8505 Highway 39 South	Plant City, Fl 33567

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: Husam Mahmoud President/DIRECTOR 3-5-03 813-737-9171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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