

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 25 AM 9:30

REINSTATEMENT 04-05



08222005 REIN-P CR2E098 (6/04)

4. FEI Number: 52-0632768  
Applied For:  Not Applicable:

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

<b>DOCUMENT # P01000037716</b> 1. Entity Name THE SOUTHERN BEEF CO.		
Principal Place of Business 19 VIA CARRARA PALM BEACH GARDENS, FL 33418		Mailing Address 19 VIA CARRARA PALM BEACH GARDENS, FL 33418
2. Principal Place of Business 3 GROVE ISLE DRIVE Suite, Apt. #, etc. APT # 1103 City & State MIAMI FL Zip 33133-4114 Country USA	3. Mailing Address 3 GROVE ISLE DRIVE Suite, Apt. #, etc. APT # 1103 City & State MIAMI FL Zip 33133-4114 Country USA	
6. Name and Address of Current Registered Agent RUBIN, HERMAN 19 VIA CARRARA PALM BEACH GARDENS, FL 33418		
7. Name and Address of New Registered Agent Name: BRUCE RUBIN Street Address (P.O. Box Number is Not Acceptable): 3 GROVE ISLE DRIVE APT 1103 City: MIAMI FL Zip Code: 33133-4114		

I, 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: BRUCE RUBIN, PRES. *Bruce Rubin* 8/22/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$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 OFFICERS AND DIRECTORS IN 11	
TITLE	P RUBIN, HERMAN <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19 VIA CARRARA	NAME	400059174934
STREET ADDRESS	19 VIA CARRARA	STREET ADDRESS	08/31/05--01028--002 **308.75
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP	
TITLE	T RUBIN, BRUCE <input type="checkbox"/> Delete	TITLE	P, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 GROVE ISLAND DRIVE #1103	NAME	
STREET ADDRESS	MIAMI, FL 33133	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: BRUCE RUBIN *Bruce Rubin* 8/22/05 305-285-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #