

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 21 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083289

1. Corporation Name

Hometown Meat & Fish Market, Inc.
22375 Palomita Drive
Boca Raton, FL 33428

REINSTATEMENT 02-03

600012968096
02/21/03--01096--008 **908.75

2. Principal Office Address

22375 Palomita Drive

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip 33428

Country
Palm Beach

3. Mailing Office Address

22375 Palomita Drive

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip 33428

Country
Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida**

August 2001

5. FEI Number

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

Lisnardo DeCastro

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

22375 Palomita Drive

Suite, Apt. #, Etc.

000

City

Boca Raton,

State
FL

Zip Code
33428

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

2/19/03

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
DV	DeCastro, Lisnardo	22375 Palomita Drive	Boca Raton, FL 33428
DP	DeCastro, Bartolo	22375 Palomita Drive	Boca Raton, FL 33428
DT	DeCastro, Guarina	22375 Palomita Drive	Boca Raton, FL 33428

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

Date

2/19/03 954-958-4224
Daytime Phone #