

#14.25
More

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 13 PM 4:43

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P01000089947
GENUINE MIDWESTERN Beef,
INC.

2. Principal Office Address

P.O. Box 9209

Suite, Apt. #, etc.

City & State

FLEMING ISL FL.

Zip

32006

Country

USA

3. Mailing Office Address

P.O. Box 9209

Suite, Apt. #, etc.

City & State

FLEMING ISL FL.

Zip

32006

Country

USA

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

9/16/01

5. FEI Number

01-0578395

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

GLORIA ARANGO

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

3641 SPYGLASS CT

Suite, Apt. #, Etc.

City

GREEN COVE SPRINGS

State

FL

Zip Code

32043

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**

Gloria Arango

REGISTERED AGENT MUST SIGN

Date

12/16/03

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
PRES	JAMES KELLY	3641 SPYGLASS CT	GREEN COVE SPRINGS

P00026887557
01/13/04--01001--027 **14.25

12/13

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/03

Daytime Phone #

904
449-3744

CR2E081 (10/02)

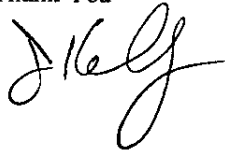
GENUINE MIDWESTERN BEEF, INC.

GENUINEMIDWESTERN BEEF, INC.
P.O. BOX 9209
FLEMING ISLAND, FL. 32006
904-449-3744

December 16, 2003

We did not receive a UBR.

Thank You

A handwritten signature in cursive script, appearing to read "J. K. G.", is written below the "Thank You" text.