

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 FEB -2 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000092935

1. Corporation Name

MEALS INTERNATIONAL, INC.

2. Principal Office Address

7920 PINES BLVD.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip  
33024

Country  
US

3. Mailing Office Address

7920 PINES BLVD.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip  
33024

Country  
US

**REINSTATEMENT**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

09-24-01

5. EEL Number

65-1140922

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

EMILIO R. GOMEZ

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

7920 PINES BLVD.

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State  
FL

Zip Code  
33024

000066251150

02/21/06--01010--028 \*\*150.00

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

*Emilio R. Gomez*

Date

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
D	NELSON PEREZ	12841 NW 18 COURT	PEMBROKE PINES, FL 33028
D	AURA D. PEREZ	12841 NW 18 COURT	PEMBROKE PINES, FL 33028
D	EMILIO R. GOMEZ	140 NW 76 AVE.	PEMBROKE PINES, FL 33024
D	DIANELIS R. GOMEZ	140 NW 76 AVE.	PEMBROKE PINES, FL 33024

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 contained in Chapter 119, 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:

*Emilio R. Gomez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

ATTN: MICHELLE MILLIGAN

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE 2006 UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION. I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE OF THE REGISTERED AGENT RESIGNATION, DUE TO THE ACTIVE HURRICANE SEASON WE HAD IN 2005. PLEASE EXCUSE US AND ACTIVE THIS COMPANY AS SOON AS POSSIBLE I WOULD ALSO LIKE THE LATE FEES TO BE WAIVED.

CORDIALLY,

*Emilio R. Gomez*

EMILIO R. GOMEZ

DIRECTOR