

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
99 DEC -6 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01082

1. Corporation Name

NATIONAL PROTEIN CORPORATION

Principal Place of Business

Mailing Address

2001 NO. OCEAN BLVD.  
SUITE 702  
BOCA RATON FL 33431

2001 NO. OCEAN BLVD.  
SUITE 702  
BOCA RATON FL 33431



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/1984

5. FEI Number

13-3195047

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SHAFF, SHEPARD	2001 NO. OCEAN BLVD.	BOCA RATON FL 33431
STV	SHAFF, EVA	2001 NO. OCEAN BLVD.	BOCA RATON FL 33431
D	SHAFF, EVA	2001 NO. OCEAN BLVD.	BOCA RATON FL 33431

100003070561-9  
-12/15/99--01019--008  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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

SHEPARD SHAFF  
PRES

12/15/99

Daytime Phone #

KE

561-391-1440

**BRUCE LITT CPA PA**  
**491 CLOSTER DOCK ROAD**  
**CLOSTER, NJ 07624**  
**Phone: (201) 784-3383**  
**Fax: (201) 784-3385**

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November 19, 1999

Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Our clients Shepard and Eva Shaff are the officers of:

National Protein Corporation      13-3195047  
Suite 811  
500 S.E. Meisner Blvd  
Boca Raton, FL 33432

They use their home address for mail for the National Protein Corporation. Since they moved during the last year, the Annual Report Statement for the Corporation did not reach them.

Since Mr. Shaff is in his late seventies, and semi-retired, he did not realize that he had not received this form or that it was due. Mr. Shaff is the one who handles the affairs of the Corporation, which only conducts a limited amount of business.

Since the delay was not intentional and Mr. Shaff has always handled the affairs of the Corporation in a conscientious manner, he requests that you abate the late filing penalty and accept the corporation's check for \$150 in payment of the annual fee.

Very truly yours,

  
Bruce Litt, CPA, PA