

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 21 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02 000013388**

1. Corporation Name

PRIME CUT #1, INC
9061 SW 122ND Avenue, STE 204
MIAMI FL 33186

2. Principal Office Address

9061 SW 122ND AVE
Suite, Apt. #, etc. -
204

3. Mailing Office Address

9061 SW 122ND AVE
Suite, Apt. #, etc. -
204

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

USA

Zip

33186

Country

USA

REINSTATEMENT 03-05

CR2E081 (8/05)

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

2/5/2002

5. FEI Number

38-3642171

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

Jamal Medakka

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

9061 SW 122 AVE II

Suite, Apt. #, Etc.

204

City

MIAMI

State

FL

Zip Code

33186

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 **10/14/05**

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/P	Jamal Medakka	9061 SW 122 Ave APT 204	MIAMI FL 33186

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

10/14/05

Daytime Phone #

**Prime Cut #1 Inc.
9061 S.W. 122nd Ave.
Suite 204
Miami, FL 33186**

November 7, 2005

**Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

RE: Corporation Reinstatement

To Whom It May Concern:

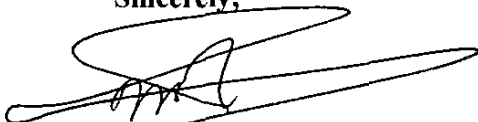
On October 14, 2005 we sent a check in the amount of \$450.00 for our annual fees for the years 2003, 2004, and 2005. We recently received notice that we owe an extra \$600.00 reinstatement fee. We ask that you please consider our request for abatement of late charges based on reasonable cause.

In the year 2003 the company's physical mailing address changed to the above address. As of that time there has been no correspondence from you forwarded to us. We were not aware of the problem until we were informed by our bank that our corporation was inactive status with the state of Florida. If we would have known about the problem earlier we would have filed the appropriate forms timely.

It was never our intention not to file or pay our obligation when due. However due to not receiveing the notices we were not able to pay the report on time. Consequently we ask that the late charge fees be waived based on reasonable cause.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jamal Medakka', is written over a horizontal line.

**Jamal Medakka
President**