

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC 10 PH 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P020000045982

1. Corporation Name

KMJ Meat Deliveries, Inc.

**REINSTATEMENT** 03

400025388134

12/10/03--01034--023 \*\*8.75

400025388134

12/10/03--01034--022 \*\*750.00

2. Principal Office Address

8672-BL N.W. 44th St.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33351

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/26/2002

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

Mary Jo Rivero, P.A.

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

1851 NW 125th Avenue

Suite, Apt. #, Etc.

#340

City

Pembroke Pines

State

FL

Zip Code

33020

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/3/03

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
DP	Joel Hassanali	12961 S.W. 19th Drive	Miramar, FL 33027
DVP	Michelle Hassanali	12961 S.W. 19th Drive	Miramar, FL 33027
DS	Margaret Hassanali	12961 S.W. 19th Drive	Miramar, FL 33027

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  
MARGARET HASSANALI

12/2/03

Date

(954) 443-9263

Daytime Phone #

CR2E081 (10/02)