


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000011245		
1. Entity Name FLORIDA WHOLESALE MEATS, INC.		

Principal Place of Business 6541 NW 98TH DRIVE PARKLAND, FL 33076 US	Mailing Address 6541 NW 98TH DRIVE PARKLAND, FL 33076 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/O BLAKESBERG & COMPANY 951 SW 4TH AVE Suite, Apt. #, etc.
City & State	City & State BOCA RATON FL
Zip	Zip 33432

FILED
04 OCT 27 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10212004 REIN-P CR2E098 (6/04)

4. Fee Number 82-6586605	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FISHMAN, KEITH S 6541 NW 98TH DRIVE PARKLAND, FL 33076	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FISHMAN, KEITH S 6541 NW 98TH DRIVE PARKLAND, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400042248424 10/27/04--01048--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPE OF OFFICER OR DIRECTOR: **KEITH FISHMAN** PRESIDENT Date: **Oct 24, 2004** Daytime Phone #: **954-444-0777**