

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 22 PM 2:17

DOCUMENT # P04000042815

1. Entity Name  
PRIME MEATS DISTRIBUTOR, INC.



Principal Place of Business  
29195 SOUTHWEST 143RD AVENUE  
HOMESTEAD, FL 33033

Mailing Address  
29195 SOUTHWEST 143RD AVENUE  
HOMESTEAD, FL 33033

2. Principal Place of Business

15842 S.W. 79 TERR.

Suite, Apt. #, etc.

3. Mailing Address

15842 S.W. 79 TERR.

Suite, Apt. #, etc.



11142005

REIN-P

CR2E098 (6/04)

City & State  
MIAMI, FLORIDA

City & State  
MIAMI

Zip  
33193

Country

Zip  
33193

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, GEORGE  
29195 SOUTHWEST 143RD AVENUE  
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent

Name  
GONZALEZ, GEORGE

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

15842 S.W. 79 TERR.

City  
MIAMI

FL

Zip Code  
33193

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

11-14-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GONZALEZ, GEORGE  
29195 SOUTHWEST 143RD AVENUE  
HOMESTEAD, FL 33033

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
GONZALEZ, GEORGE  
15842 S.W. 79 TERR.  
MIAMI, FL 33193

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition  
700061622-117  
11/22/05-01034-014 \*\*158.75

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/22/05