

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P08000068720

1. Corporation Name

**AGRI MEAT II CORP**

2. Principal Office Address - No P.O. Box #

9975 N.W. 46 STREET

Suite, Apt. #, etc

SUITE: 202

City & State

DORAL, FL

Zip

33178

Country

U.S.

3. Mailing Office Address

9975 N.W. 46 STREET

Suite, Apt. #, etc

SUITE: 202

City & State

DORAL, FL

Zip

33178

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

07/21/2008

5. FEI Number

77-0722912

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

ATENCIO, RAFAEL E

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

9975 N.W. 46 STREET

Suite, Apt. #, Etc.

SUITE: 202

City

DORAL, FL

State

FL

Zip Code

33178

200293128552  
12/09/16--01024--008 \*\*1050.00

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

12/06/2016

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	ATENCIO, RAFAEL E	9975 N.W. 46 STREET, SUITE: 202	DORAL, FL 33178
D	LEIVA, GIOVANA C	9975 N.W. 46 STREET, SUITE: 202	DORAL, FL 33178

10. E-mail Address: atenciorafael@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/06/2016

Daytime Phone #

**RICHARDS**  
A PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW  
GRAND BAY PLAZA  
2665 SOUTH BAYSHORE DRIVE  
SUITE 703  
MIAMI, FLORIDA 33133  
TELEPHONE: 305-858-9900  
TELECOPIER: 305-285-0015  
E-MAIL: [rpa@richards-law.com](mailto:rpa@richards-law.com)  
<http://www.richards-law.com>

December 8, 2016

Department of State  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: AGRI MEAT CORP. Document No. P08000068720. Reinstatement and Change of name of Florida Corporation**

Dear Mr / Mrs,

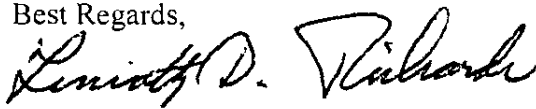
Attached to this letter you will find the following documents with respect to AGRI MEAT CORP (sometimes referred to as the "Company"):

- Amendment of Name from AGRI MEAT CORP to AGRI MEAT II CORP.
- Corporation Reinstatement Form for AGRI MEAT II CORP
- Check for One Thousand Fifty Dollars (U.S \$1,050.00) in order to reinstate de company (*Years pending for payments: 2014, 2015 and 2016*)

We appreciate your assistance in proceeding with the change of name of the Company and its reinstatement.

If you need further assistance do not hesitate to contact us,

Best Regards,

  
Timothy D. Richards