

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 23 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P23826

1. Corporation Name

NORTH-SOUTH MEAT BROKERS, LTD., INC.

Principal Place of Business

Mailing Address

553 WINDING CREEK PL  
LONGWOOD FL 32779

2N MAIN STREET  
SAINT ALBANS VT 05478-1665

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

04/11/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

03-0281650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	BATEMAN, RONALD	553 WINDING CREEK PL	LONGWOOD FL
VD	BATEMAN, KAREN	553 WINDING CREEK PL	LONGWOOD FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEINER, LAWRENCE R.  
797 DOUGLAS AVE.,  
ALTAMONTE SPRINGS FL 32714

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

11-19-98

Date

407-682-3200

Daytime Phone #

**North-South Meat Brokers, Ltd.**  
P.O. Box 915453 Longwood, FL 32791-5453



②

November 19, 1998.

To Whom it may concern;

We did not receive the first notice for reinstatement, and request the late fees to be waived. Also, please note address change for mailing on application

Thank you  
Ron Bateman(President)

A handwritten signature in black ink, appearing to read 'Ron Bateman', written over a horizontal line.