


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000003667**

1. Corporation Name

**THE HOUSE OF MEATS OF 45TH
STREET, INC.**

2. Principal Office Address

202 NO. 25TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FORT PIERCE FL

City & State

Zip

34947

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1993

5. FEI Number

65-0377972

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

CESAR CUMERMA

500005254805--9

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

202 NO. 25TH STREET

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

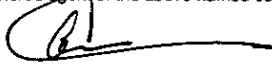
Zip Code

34947

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



Date

3/16/2002

REGISTERED AGENT MUST SIGN

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
P.	CESAR CUMERMA	202 NO. 25TH STREET	FORT PIERCE FL-34947

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:



CESAR CUMERMA

3/16/2002

Date

561-

465-8585

Daytime Phone #

FILED

02 MAR 21 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

01-02

CP2E081 (9/01)