

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

977 AR
S. B. Northington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000004105

1. Corporation Name

A. G. PRIME MEATS, INC.

Principal Place of Business

3950 SW 99TH AVENUE
MIAMI FL 33165
US

Mailing Address

3950 SW 99TH AVENUE
MIAMI FL 33165
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1993

5. FEI Number

65-0401395

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GONZALEZ, ANGEL	3749 SOUTHWEST 99 AVENUE, SUITE	MIAMI FL
V	GONZALEZ, CARIDAD	3749 SOUTHWEST 99 AVENUE, SUITE	MIAMI FL
ST	GONZALEZ, ROSA M	3749 SOUTHWEST 99 AVENUE, SUITE	MIAMI FL

8000002353038---1
-11/20/97--01076--003
****165.00 ****165.00

8. Name and Address of Current Registered Agent

GONZALEZ, ANGEL
3749 SOUTHWEST 99 AVENUE
SUITE 5
MIAMI FL 33165

9. Name and Address of New Registered Agent

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

Angel Gonzalez
REGISTERED AGENT MUST SIGN

Date 11-15-97

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:

Angel Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-97

Date

305-553-5359

Daytime Phone #

CR2E040 (8/97)

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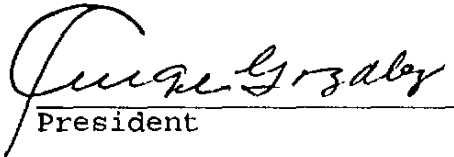
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir/Ms:

Per instructions from de Division Of Corporations, I am attaching a check in the amount of \$165.00 for the annual report fee.

I also state that I have not received the first notice from the Division of Corporations.

Thank you for your courtesy in this matter.



President