

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -7 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000005874

1. Corporation Name

MIDWESTERN MEATS, INC.

2. Principal Office Address

P.O. Box 9209

3. Mailing Office Address

P.O. Box 9209

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLEMING ISLAND, FL

City & State

FLEMING ISLAND, FL

Zip

32006

Country

USA

Zip

32006

Country

USA

800024605278

11/12/03--01025--001 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/93

5. FEI Number

59-3161177

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

GLORIA ARANGO

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

3641 SPYGLASS COURT

Suite, Apt. #, Etc.

City

GREEN COVE SPRINGS

State

FL

Zip Code

32043

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

Gloria Arango
REGISTERED AGENT MUST SIGN

Date

11/6/03

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
Pres Sec	JAMES Kelly	3641 SPYGLASS CT	GREEN COVE SP, FL 32043

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:

James Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/03

Daytime Phone #

9044493744

SP 11/7/03

CR2E081 (10/02)

10/30/03

MIDWESTERN MEATS, INC.
P.O. BOX 9209
FLEMING ISLAND, FL. 32006
904-449-3744

FLORIDA DEPARTMENT OF CORRECTIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN,

MIDWESTERN MEATS, INC. HAS USED THE SAME REGISTERED AGENT FOR OVER TEN YEARS NOW. THIS YEAR THE AGENT WE HAD DID NOT FILE.

MIDWESTERN MEATS, INC. DID NOT RECEIVE NOTICE OF DISSOLUTION FOR FAILURE TO MAINTAIN A REGISTERED AGENT.

PLEASE RE-INSTATE THIS FLORIDA CORPORATION DOCUMENT #P93000005874.

ENCLOSED IS A CHECK FOR ^{158.75} ~~198.75~~ FOR FILING FEE, CHANGE FOR REGISTERED AGENT AND COPY OF GOOD STANDING.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER.

SINCERELY,


GLORIA ARANGO

RECEIVED

03 OCT 31 AM 11:08

DIVISION OF CORPORATIONS