PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2003

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -8 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000089686

1. Corporation Name

DON DOMINGO MEAT PRODUCT, INC
3101 SW 107 Ave
Miami, Fl 33165

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
3101 SW 107 Ave	Same as # 2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl 33165	City & State: Miami, Fl
Zip / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/12/94

5. FEI Number: 65-0539756 ☐ 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: Nelso IV Paris

300025267283
12/08/03--01010--003 **8.75

Street Address (P.O. Box Number is Not Acceptable): 14736 SW 132 Ct

Suite, Apt. #, Etc.:

City: Miami, Fl 33186 State: FL Zip Code:

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 12/02/03
REGISTERED AGENT MUST SIGN

CR2E051 (9/01)

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
PSTD	Varena, Nelso	14736 SW 132 Ct	Mami, Fl 33186

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: ⊗ _____ Dec 2/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #