PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris FOR Secretary of State FILED REINSTATEMENT **DIVISION OF CORPORATIONS** P95000011955 DOCUMENT # 99 NOV -2 PM 3: 11 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA MAVERICK MEAT PROCESSORS, INC. Principal Place of Business Mailing Address 3901 MARTIN LUTHER KING, JR. BLVD. 3901 MARTIN LUTHER KING, JR. BLVD. 2038 HENLEY PLACE 2038 HENLEY PLACE FT MYERS 33 33901 FT MYERS 33 33901 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2 New Principal Office Address, If Applicable 12761 Roo + GUN CUD FD 3. New Mailing Office Address, If Applicable 1276/ Rob 9 GUN CLUB RD Date incorporated or Qualified To Do Business in Florida 01/10/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State Myrans City & State WILLERS 65-0579882 Not Applicable \$8.75. Additional Fee required CERTIFICATE OF STATUS DESIRED 35913 33913 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers City / State / Zip Title(s) and/or Directors MAXEY, GLEN D 9901 MARTIN LUTHER KING, JR. BLV. FT. MYERS FL 12761 ROD & GUN CLUB RD 200003040482 -11/09/99--01097--015 ****750.00 ****750.00 REINSTATEMENT 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent MAXEY, GLEN Street Address (P.O. Box Number is Not Acceptable) 1276/ Poo 4 Coun Coub Suite, Apt. #, Etc. 9901 MARTIN LUTHER KING, JR. BLVD. RD 2038 HENLEY PLACE FT MYERS FL 33901 City For Myrans Zip Code 339/3 and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the above named corporation, am familiar Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. 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 filling 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 ceth.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR