

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 16 PM 1:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000088345

1. Corporation Name

MEATLOAF MANAGEMENT, INC.

Principal Place of Business

Mailing Address

10317 ROYAL PALM BLVD. CORAL SPRINGS FL 33065

10317 ROYAL PALM BLVD. CORAL SPRINGS FL 33065



REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/23/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0709389

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, LABINER, STEVEN L, 1215 SW 9TH AVENUE, BOCA RATON FL 33486.

100007833151--8 -09/18/02--01066--016 \*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LABINER, STEVEN L 10317 ROYAL PALM BLVD. CORAL SPRINGS FL 33065

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

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date

7/10/02

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 346-5484 7/10/02

CR2E040 (8/01)