

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -9 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P960000 88 345**
1. Corporation Name
Meatloaf Management, Inc

2. Principal Office Address
10317 Royal Palm Blvd
Suite, Apt. #, etc.
City & State
Coral Springs, FL
Zip
33065 Country
USA

3. Mailing Office Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

100032264451
04/09/04--01029--015 **900.00

4. Date Incorporated or Qualified To Do Business in Florida **10 23 96**

5. FEI Number
65-0709389 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
STEVEN LABINER

Street Address (P.O. Box Number is Not Acceptable)
10317 Royal Palm Blvd

Suite, Apt. #, Etc.

City
CORAL SPRINGS State
FL Zip Code
33065

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 **X** *[Signature]* Date **4/6/04**
REGISTERED AGENT MUST SIGN

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
P	STEVEN LABINER	21536 Toledo Rd	Boca Raton, FL 33433

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: **X** *[Signature]* Date **4/6/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E001 (01/04)