

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **am**  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P 97000002711**

1. Corporation Name

**ATLANTIC MEATS, INC.**

FILED  
99 DEC 16 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1034 W. ATLANTIC AVE.**

**1034 W. ATLANTIC AVE.**

**DELRAY BEACH, FL. 33444**

**DELRAY BEACH, FL. 33444**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

**09**

4. Date incorporated or Qualified To Do Business in Florida

**1/15/97**

5. FEI Number

**65-0719585**

Applied Fee **SP**

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	CORTES, HECTOR	5815 LA GORCE CIRCLE	LAKE WORTH, FL. 33462
VPD	CORTES, MARIA	5815 LA GORCE CIRCLE	LAKE WORTH, FL. 33462

**000003079430--9**  
**-12/23/99--01057--018**  
**\*\*\*\*750.00 \*\*\*\*750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HECTOR CORTES**  
**1034 W. ATLANTIC AVE.**  
**DELRAY BEACH, FL. 33444**

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

**HECTOR CORTES**

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(l), 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:

**HECTOR CORTES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (12/98)