

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 15 PM 4:00

DOCUMENT # P97000055332

1. Corporation Name  
Martin Poultry & Meat Sales, Inc.

400005192894--9  
-04/04/02--01067--001  
\*\*\*\*750.00 \*\*\*\*750.00

2. Principal Office Address  
3630 N.W 71 ST  
Suite, Apt. #, etc.

3. Mailing Office Address  
3630 N.W 71 ST  
Suite, Apt. #, etc.

REINSTATEMENT AD-02

City & State  
Miami, FL 33147

City & State  
Miami, FL

4. Date Incorporated or Qualified To Do Business in Florida  
July 97

5. FEI Number  
65-0805057

Applied For  
Not Applicable

Zip Country  
33147 U.S.A

Zip Country  
33147 U.S.A

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Joanne P. Dickson

Street Address (P.O. Box Number is Not Acceptable)  
2506 Coral Trace Pl

Suite, Apt. #, Etc.

City  
Delray Beach

State Zip Code  
FL 33445

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  
[Signature]  
REGISTERED AGENT MUST SIGN

Date  
3-11-02

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	TOM MARTIN	1330 West Ave #1904	Miami Beach, FL 33139
T	TOM MARTIN	1330 West Ave #1904	"
S	TOM MARTIN	"	"
			400005192894--9 -04/04/02--01067--002 ****300.00 ****300.00 AD

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
3-12-02  
Daytime Phone #  
305-693-1010

CR2E081 (8/01)