

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
00 OCT 30 AM 11:59

DOCUMENT # P99000111245

1. Corporation Name

MEATING PLACE WEST, INC.

Principal Place of Business

5407 NW 49TH ST
COCONUT CREEK FL 33063

33073

Mailing Address

5407 NW 49TH ST
COCONUT CREEK FL 33063

33073

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1999

5. FEI Number

☒ Applied For

☐ 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	City / State / Zip
1	2	3	4
PVST	VALERIAI, JAMES L	5407 NW 49TH ST	COCONUT CREEK FL 33063
D	VALERIAI, JAMES L	5407 NW 49TH ST	COCONUT CREEK FL 33063

400003463824--3

-11/15/00-01029-016

***758.75 ***758.75

8. Name and Address of Current Registered Agent

VALERIAI, JAMES L
5407 NW 49TH ST
COCONUT CREEK FL 33063

33073

9. Name and Address of New Registered Agent

Name

JAMES L. VALERIAI

Street Address (P.O. Box Number is Not Acceptable)

5407 NW 49th St.

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33073

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

10-13-2000

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

10-13-2000 # 561 241-3858

Daytime Phone #