PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
04 JUL -1 PM 2:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000111245

1. Corporation Name: MEATING PLACE WEST, INC.

MEATING PLACE WEST, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
3013 YAMATO Rd Suite B-3 Boca Raton FL 33431	3013 YAMATO Road
Suite, Apt. #, etc.: B-3	Suite, Apt. #, etc.: B-3
City & State: BOCA RATON	City & State: BOCA RATON FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: Dec 16 1999

5. FEI Number: 650988226 ☑ 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

100003064377 T1
07/02/04--01050--004 **158.75

Name: JAMES VALERIAY

Street Address (P.O. Box Number is Not Acceptable): 3013 YAMATO ROAD

Suite, Apt. #, Etc.: SUITE B3

City: BOCA RATON State: FL Zip Code: 33431

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 _____ Date: 6-30-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PVST	JAMES VALERIAY	3013 YAMATO Rd	B-3 BOCA RATON FL 33431
D	JAMES VALERIAY	3013 YAMATO Rd	B-3 BOCA RATON FL 33431

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: _____ 6-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6-30-04

Attn Gary BLANKENBAKER,

Last year I filled out my Uniform Business Report and sent you A check for $550, which was cashed on 8-23-03. CK# 6578 I just realized I did not get A form for 2004 - AFter CAlling the DepArtment of State I have found out that you sent the form back to me for the Federal TAX #. I never received that form! THE Postmaster never gave me ANY such letter or form.

I'm inclosing the Fee for 2004, I ASK that you Please WAIVE the $600 lATE Fee because we did not receive A Form for 2004, AND Also per Dission Above. Please Reinstate the company And send me A letter stateing so.

FEEl free to CAll if you hAve ANY Questions regarding this matter.

THANK you ever so much for your HELP.

Sonya and James Valeriay
9703 Arbor Oaks Ct Apt 206
Boca Raton FL 33428-1775

This is our new address at HOME!

HOME 561-470-~~2228~~

WORK 561-241-3858

X

CHECK # 527 enclosed for 158.75