

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -7 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 527201
1. Corporation Name
WAREHOUSE DIVISION OF WORLD TERMINAL DISTRIBUTING
CORP.

2. Principal Office Address 2801 NW 74 AVENUE #100		3. Mailing Office Address 2801 N.W. 74 AVE. #100	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33122	Country USA	Zip 33122	Country USA

000015325060
04/07/03--01002--010 **300.00

4. Date Incorporated or Qualified To Do Business in Florida		1973
5. FEI Number 59-1760190	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RALPH L. GAZITUA	
Street Address (P.O. Box Number is Not Acceptable) 2801 NW 74 AVENUE	
Suite, Apt. #, Etc. 100	
City MIAMI	State FL
	Zip Code 33122

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] Date March 31, 2003
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
PRES	RALPH L. GAZITUA	2801 NW 74 AVENUE #100	MIAMI, FLORIDA 3312

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)(f), 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: RALPH L. GAZITUA [Signature] 3-28-03 (305)594-7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (10/02)

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