

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 592472

1. Corporation Name

ARSAN DISTRIBUTING COMPANY

REINSTATEMENT 03

300024449429
11/05/03--01046--009 **158.75

2. Principal Office Address

10500 S.W. 136 Street

3. Mailing Office Address

10500 S.W. 136 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33176

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/1978

5. FEI Number

59-1859564

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

Name

BUCHBINDER & ELEGANT, P.A.

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

46 S.W. First Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33130

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

Armando Sanchez v. Pres.

REGISTERED AGENT MUST SIGN

Date 10/31/03

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/T	ARMANDO SANCHEZ	10500 S.W. 136 St.	Miami, Fl. 33176
S/V	HILDA SANCHEZ	10500 S.W. 136 St.	Miami, Fl. 33176

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:

Armando Sanchez

Armando Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03

Date

(305)

969-7416

Daytime Phone #

CR2E081 (1/0/02)

0

October 31, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sirs:

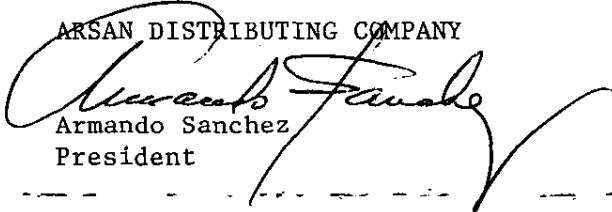
We are enclosing herewith Corporation Reinstatement Application for Arsan Distributing Co.

As per telephone conversation with your representative, we are enclosing a check in the amount of \$158.75, including a certificate of status fee. The fee of \$150.00 applies in our case, because as indicated in your records the postal service returned the Annual Report to your office because of change of address.

Thank you for your cooperation.

Sincerely yours,

ARSAN DISTRIBUTING COMPANY


Armando Sanchez
President