

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 APR 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F95000000282**

1. Corporation Name
QUESTRON DISTRIBUTION LOGISTICS, INC.

2. Principal Office Address
6400 CONGRESS AVENUE

Suite, Apt. #, etc.
2000

City & State
BOCA RATON, FL

Zip Country
33487 USA

3. Mailing Office Address
6400 CONGRESS AVENUE

Suite, Apt. #, etc.
2000

City & State
BOCA RATON, FL

Zip Country
33487 USA

4. Date Incorporated or Qualified To Do Business in Florida
11/18/95

5. FEI Number Applied For
65-0537602 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 **400004078034**

Name
NATIONAL CORPORATE RESEARCH, LTD., Inc.

Street Address (P.O. Box Number is Not Acceptable)
1406 HAYS STREET

Suite, Apt. #, Etc.
2

City State Zip Code
TALLAHASSEE FL 32301

REINSTATEMENT *09/01*

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 *Katherine J. Hill* Date **4/18/01**
REGISTERED AGENT MUST SIGN *Katherine J. Hill*

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
CEO D	DOMINIC A. POLIMENI	6400 CONGRESS AVE #2000	BOCA RATON, FL 33487
PD	DOUGLAS ZADOW	6400 CONGRESS AVE #2000	BOCA RATON, FL 33487
CFO D	ROBERT V. GUBITOSI	6400 CONGRESS AVE #2000	BOCA RATON, FL 33487
VP	PHILLIP D. SCHWIEBERT	386-388 RAILROAD Ct.	MILPITAS, CA 95035
			500004078035
			-04/25/01--01084--017
			*****8.75 *****8.75

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: *Dominic A. Polimeni* **DOMINIC A. POLIMENI** Date **4/17/01** Daytime Phone # **(561) 241-5251**

CR2E081 (9/00)