

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -4 PM 1:32

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000031716

1. Corporation Name

PEREZ DISTRIBUTORS INC.

2. Principal Office Address - No P.O. Box #

5000 S.W. 92 ave

Suite, Apt. #, etc

3. Mailing Office Address

5000 S.W. 92 ave

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33165

Country

USA

Zip

33165

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

Jul 29, 2004

5. FEI Number

86-1055857

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

ERNESTO PEREZ

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

5000 S.W. 92 ave

Suite, Apt. #, Etc

City

MIAMI

State

FL

Zip Code

33165

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

\$600.⁰⁰

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

REGISTERED AGENT MUST SIGN

Date Feb 25, 2010

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 |
|--------|-----------------------------------|--|--------------------|
| PT | ERNESTO D. JESUS PEREZ | 5000 S.W. 92 ave | MIAMI FL 33165 |
| VS | ANA INCHAUSTI PEREZ | 5000 S.W. 92 ave | MIAMI FL, 33165 |
| | | | |
| | | | |
| | | | |

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25, 2010

Date

Daytime Phone #

KS

REINSTATEMENT 07-10

300171173803
03/04/10--01002--007 **600.00