

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 JUN 29 AM 11:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P0360017713**

1. Corporation Name
LP DISTRIBUTOR OF FLORIDA INC

2. Principal Office Address - No P.O. Box # 2315 NW 107 AVE		3. Mailing Office Address 1152 W. 27 ST	
Suite, Apt. #, etc. 1-M 29		Suite, Apt. #, etc. apt # 104	
City & State Doral, FL		City & State Hialeah	
Zip 33172	Country US	Zip 33010	Country US

4. Does Incorporated or Qualified To Do Business in Florida

5. FEI Number
204993932

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Luis Vega

Street Address - No P.O. Box Number to Avoid Ambiguity
1152 W. 27 ST

Suite, Apt. #, Etc.
apt. 104

City
Hialeah

State
FL

Zip Code
33010

400236973824
 06/23/12--01005--009 **1200.00

8. I, being authorized the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent **[Signature]** Date **05/22/12**

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

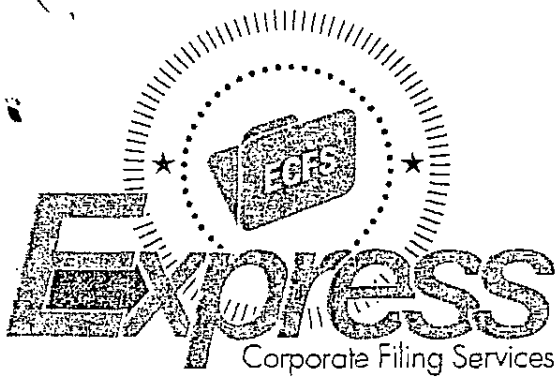
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Luis Vega	1152 W 27 ST #104	Hialeah, FL 33010
VP	Jose E. Delgado	2315 NW 107 AV 1M-29	Doral FL 33172
			S. HAWKES
			JUN - 2012
			EXAMINER

95%
 5%

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: **[Signature]** Date **05/22/12** (786)-419-9752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

RECEIVED
12 JUN 29 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LP Distributor of Florida Inc. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #) (P03000117713)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

S. HAWKES

JUN - 2012

EXAMINER

Examiner's Initials