

APPROVED AND FILED

97 NOV 12 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 94000020215

1 Corporation Name
Astron Distribution, Inc.

000002347790-4
-11/14/97-01086-009
***1080.00 ***1080.00

2 New and Former Business Mailing Address
c/o Trans World Forwarding, Inc.
2894 NW 79 Avenue
Miami, FL 33122

REINSTATEMENT 95-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified To Do Business in Florida

March 15, 1994

Title, Apt. #, etc.

State, Apt. #, etc.

5 FEI Number

65-0479965

Applied (Not App)

City & State

City & State

6 CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee for a Certificate of

Zip

Country

Zip

Country

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 (Title)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, S, T, D	Dan Boiangin	2894 NW 79 Avenue	Miami, FL 33122

000002347790-4
11/14/97-01086-010
*****8.75 *****8.75

AB 10/13

8. Name and Address of Current Registered Agent

James Riegler
1533 Sunset Drive, Suite 150
Coral Gables, FL 33143

9. Name and Address of New Registered Agent

Name
Dan Boiangin
Street Address (P.O. Box Number Is Not Acceptable)
2894 NW 79 Avenue
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip
33122

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/28/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 612, F.S. I further certify that when this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0101 or 612.0101, 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 included 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

[Signature]

Dan Boiangin

10/28/97

(305) 597-914